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City of



Salisbury

REPORT

by the

MEDICAL OFFICER OF HEALTH

for the year

1956 - 1957



REPORT OF THE
MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDING 30TH JUNE, 1957.

GEOPHYSICAL, CLIMATIC, SOCIAL AND ECONOMIC CONDITIONS
IN THE CITY OF SALISBURY.

Salisbury, the Capital City of Southern Rhodesia and of the Federation of Rhodesia and Nyasaland, is situated in what is now the Northern Province of Southern Rhodesia at an altitude of 4,780 ft.

It lies on the watershed or highveld so that the rivers are small and there is little of the dense riverine vegetation associated with lower altitudes.

The soil is mixed, red, black and light sandy with rocky outcrops and "kopjies" in Salisbury and its surrounding districts. In the City area the soil is mainly of the red variety.

Most of the vegetation can be classified as open Brackystegia (Msasa-Mnondo) woodland, interspersed with the semi-aquatic flora characteristic of treeless, grassy, wet hollows, known as "vleis".

Excluding African townships and European residential areas beyond a five mile radius, the area of the Municipality comprises some 24,111 acres and Greater Salisbury some 50,460 acres.

In the last decade the City proper has expanded at a tremendous pace, mainly in an upward direction, i.e. as City sites come on the market the older type of colonial business, store or house gives way to the modern ten, fourteen, or more, storey block of reinforced concrete and steel.

The peri-urban area has expanded outwards rather than upwards - mainly in the shape of inner suburbs or outer townships. The latter comprise European townships except in a few places where there are established African townships or where such townships are planned by the City fathers and the Government.

Salisbury enjoys a particularly pleasant climate and for this its altitude is largely responsible.

The year may be conveniently divided into three seasons, viz.

the hot season	-	September to mid-November;
the wet season	-	mid-November to March;
and the cool season	-	April to August.

/Really

Really hot days occur only infrequently and pleasantly cool nights are the rule even then.

The average range of temperature remains moderate owing to the almost unbroken sunshine in winter. The extreme cold experienced at similar heights, or even lower, in South Africa is unknown here and severe ground frosts are found in limited areas only.

The rains are generally reliable, usually of the shower or thunder storm type and even in the wettest months the sunshine averages more than 5 hours per day.

Light breezes predominate and the average wind speed is less than 10 m.p.h.

The history of Salisbury goes back for some 67 years, since the occupation of Mashonaland by the Pioneer Column in September, 1890, although in regard to the territory itself there are historical records of events going back long before Cecil Rhodes negotiated the Rudd Concession with Lobengula, King of the Matabele.

Today the visitor would be impressed with the ultra modern aspects of the City. Long tree-lined and spacious avenues lead out in all directions from the business centre with its sky-scraper type of buildings. Thanks to the foresight of the early planners these avenues are lined with the beautiful floral type of trees such as the flamboyant, the jacarandas, the bouhenias, etc. The spacious public gardens, the pleasant type of villa in the residential areas with colourful gardens - all combine to present one of the most beautiful cities in Southern Africa.

There are situated in the Municipal Area the buildings of two Houses of Parliament, that of the Federation of Rhodesia and Nyasaland and that of Southern Rhodesia. It is proposed to move the site of the Federal Capital to a situation some few miles West of the Municipal Area, at the Warren Hills, but no definite time has been set for this move.

First class schools for all races have been provided in the Municipal Area and in Government schools free tuition is available.

A University has now been established in Salisbury which is multiracial in character, and it is anticipated that a Medical School will be functioning in the foreseeable future.

/There

There are many clubs, sports and social, swimming pools, theatres, social, racial and cultural associations, all very active and flourishing in the City and, since the dam creating the Lake McIlwaine water supply for the City was completed, there is now at 22 miles out a natural pleasure resort where picnics, yachting, etc., attract many residents in their leisure hours.

The rapid growth of the City and its peri-urban housing areas, also the tremendous expansion of both heavy and light industries, has put a severe strain on the Municipal services, but by likewise expanding these services the Municipality has so far managed to cope with this unprecedented demand.

Salisbury is the centre of Southern Rhodesia's main industry, i.e. agriculture.

The three principal products are tobacco, cattle and maize.

Considering the large mineral deposits in this part of the world and the steady growth of new industries, there are prospects of economic expansion in other directions, more especially as rail and road services grow and improve.

Excellent medical and hospital facilities are available in the City.

/PROFESSIONAL

PROFESSIONAL AND ADMINISTRATIVE STAFF

as at 30th June, 1957.

Medical Officer of Health	Dr. A.J. Walker Wilkins	M.B., Ch.B., D.P.H., D.T.M & H.
Deputy Medical Officer of Health	Dr. A.J. Board	M.B., Ch.B., D.T.M., D.P.H.
Senior Clinical Medical Officers	Dr. D.M. Kotze	M.B., Ch.B., D.P.H.
	Dr. J. Melvin	C.B.E., M.C., T.D., M.B., Ch.B.
Clinical Medical Officer	Dr. M. Melvin	M.B., Ch.B.

Health Inspectorate.

Chief Health Inspector and Cleansing Superintendent	Mr. C.L. Knaggs	F.R.S.H., F.I.P.H.L., M.Inst. P.C.
Senior Health Inspector	Mr. C.E. Hodder	Certificates R.S.H. Health, Food Inspection and Sanitary Science.
Health Inspector (Licensing)	Mr. F.D. Hardy	Certificates R.S.H. Health, Food Inspection and Sanitary Science.
Health Inspectors	Mr. L.W. Bates	Certificates R.S.H. Health and Food Inspection.
	Mr. L.W. Parsloe	Certificates R.S.H. Health and Food Inspection. Sanitary Science and Smoke Inspector.
	Mr. T.J.A. Harries	Certificates R.S.H. Health and Food Inspection and Tropical Hygiene.
	Mr. J.A. Mackenzie- Smith	Certificates R.S.H. Health and Food Inspection.
	Mr. A.T. Pirie	Certificates R.S.H. Health and Food Inspection.
	Mr. T.R. Puzey	Certificates R.S.H. Health and Food Inspection.
	Mr. E. Schofield	Certificates R.S.H. Health and Food Inspection.
	Mr. J.W. Thomas	Certificates R.S.H. Health and Food Inspection and Tropical Hygiene.

Health Inspectors Cont'd.

Mr. E.W. Layland	Certificates R.S.H. Health and Food Inspection.
Mr.W.A.Tunbridge	Certificate R.S.H. Health and Food, Sanitary Science, Advanced Knowledge.

Clerical.

Chief Clerk	Mr. C.T. Martin
Clerk Grade 1	Mr. C.J. Tomlinson
Clerk Grade 2	Miss I.H. Rees
Clerk Grade 3	Miss D.P. Brookfield
Clerk Grade 3	Mrs. S.M. Matthews
Senior Shorthand Typists	Miss A.S.P. Albertyn Mrs. C.E. Wallace
Telephone Operator	Mrs. S.E. Troughton

COLOURED CRECHE.

Superintendent Matron	Mrs. M.J. Tomlinson	N.N.C.
Matron	Mrs. M. Byerley	
Coloured Maid Assistants	Five	

WILKINS INFECTIOUS DISEASES HOSPITAL.

Matron	Miss J.G. Steven	S.R.N., S.R.F.N., C.M.B.
Nursing Sisters	Miss J. Angus	S.R.N.
	Miss S.A. Roberts	S.R.N.
	Miss E.E.P. Leslie	S.R.N.
	Miss C.M. Moloney	S.R.N., R.T.N.
	Miss E.B. Neill	S.R.N.
	Mrs.A.Raubenheimer	S.R.N., C.M.B.
	Mrs. R. Scoular	S.R.F.N.
	Miss D.M.W.Thomas	S.R.N.
	Miss N.Fitzwilliam	S.R.N.
Housekeepers	Mrs. M.A. Bennett Miss E.P. Sullivan	
Caretaker	Mr. H.H. Scallan	

CHILD WELFARE.

Health Visitors	Mrs. M.P.Beveridge	S.R.N., C.M.B., H.V.
	Miss H.A.L.Birnie	S.R.N., S.C.M., H.V.
	Miss C.Keenan, M.B.E.	S.R.N., C.M.B., H.V.
	Mrs. W.J. Marshall	S.R.N., C.M.B., H.V.

Health Visitors Cont'd.

Miss M. Moore

S.R.N., C.M.B., H.V.

(School Nursing & Mothercraft)

DISTRICT NURSES.

District Sisters	Mrs. R.L. Clarke	S.R.N., S.C.M.
	Mrs. F. McCormack	S.R.N., S.C.M., S.R.S.C.N.

NATIVE INFECTIOUS DISEASES HOSPITAL.

Senior Clinical Assistant	Mr. S. Kennedy	S.R.N.
Clinical Assistants	Mr. R.R. Kidd	S.R.N., R.M.N.
	Mr. E. Smith	S.R.N.
Clerk Grade 1	Mr. A.E. Snowden	
African Female Trained Nurses	Twelve	
African Trained Male Medical Orderlies	Twenty-four	

AFRICAN CLINICS.

Senior Dental Officer	Col. S.D. Badman	L.D.S., R.C.S.(ENG)
Senior Clinical Assistant	Mr. E.V.P. Cutter	S.R.N., R.M.P.A.
Clinical Assistants	Mr. C.S. Jeffery	S.R.N.
	Mr. G.F.W. Matheson	S.R.N.
Nursing Sisters	Mrs. A.B. Mackenzie	S.R.N., C.M.B.
	Mrs. J.T. Watkinson	S.R.N., C.M.B., S.R.F.N.
African Trained Female Nurses	Sixteen	
African Male Medical Orderlies	Seven	

CLEANSING SECTION.

Senior Cleansing Inspector	Mr. J. Mallinson
Cleansing Inspectors	Mr. W. Mackie
	Mr. E. Quilliam
	Mr. F. Martin
	Mr. M. Cox.

PUBLIC CONVENIENCES - EUROPEAN.

Female Attendant	Mrs. L. Schoeman
Male Attendant	Mr. H. Hodgskin

VITAL STATISTICS.

(Throughout this report the previous year's figures are shown in parenthesis.)

1. POPULATION:

On the 8th May, 1956, a census of the European, Asiatic and Coloured population was carried out in the Federation.

The figures for the area under the jurisdiction of the City Council in the years from 1936 in which a census was carried out are as follows:-

	<u>1936</u>	<u>1941</u>	<u>1946</u>	<u>1951</u>	<u>1956</u>
Europeans	9,422	14,630	15,531	27,700	34,400
Asiatics and Coloureds	1,231	1,544	1,686	2,620	3,080
Africans in employment	17,598	26,609	36,873	60,000	75,400

Insofar as the European population is concerned there has been a considerable reduction in the rate of increase from 78% in the years 1946 to 1951, to 24% in the years 1951 to 1956. The decline in the rate of increase in the European population of Salisbury City almost certainly is due in large measure to the fact that there has been a serious shortage of suitable housing within the area. As a result a large number of persons who would have become residents within the area have been forced to find accommodation in the peri-urban areas where housing development has been proportionately greater.

The principal vital statistics for the Municipal year 1956/57 are as follows:-

	<u>Europeans</u>	<u>Asiatics and Coloureds</u>	<u>Africans</u>	<u>Total</u>
Population (Estimated)	39,000 (34,400)	3,200 (3,080)	93,600 (91,500)	135,800 (128,980)
Percentage of Total Population	28.71%	2.37%	68.92%	
Crude Birth Rates	22.10 (21.85)	54.68 (60.1)	-	-
Infant Mortality	19.72 (21.27)	5.71 (32.4)	-	-
Death Rates	5.1 (6.3)	3.4 (8.7)		

The following figures will illustrate the growth of the peri-urban areas of Salisbury or Greater Salisbury which do not fall within the jurisdiction of the City Council.

/Acreage

	<u>Acreage.</u>	<u>Population (Estimated)</u>
Greendale	5,440	5,000
Hatfield	5,896	4,200
Highlands	3,840	4,060
Mabelrcign	2,399	6,000
Meyrick Park	. 267	. 400
Mount Pleasant	1,467	1,000
Waterfalls	<u>7,040</u>	<u>3,750</u>
TOTALS:	<u>26,349</u>	<u>24,410</u>

2. BIRTH AND BIRTH RATES.

During the year 1956/57 the following births were registered:-

Europeans	862 (752)
Asiatics and Coloureds	175 (185)

There were 110 more European births this year than last year. Asiatic and Coloured births were 10 less than in the preceding year.

Of the European births 425 were males and 437 females. Ten sets of twins were registered and 1 set triplets (one, a female, stillborn).

Of the 175 Asiatic and Coloured births, 90 were males and 85 females. One set of twins was registered.

The crude birth rates, per 1,000 of population, for the year under review are as follows:-

Europeans	22.10 (21.85)
Asiatics and Coloureds	54.68 (60.10)
Europeans, Asiatics and Coloureds combined	24.00 (25.00)

African births are not registered, therefore it is impossible to provide figures of births, birth rates and infant mortality rates for this section of the population.

3. INFANT MORTALITY.

	<u>Europeans</u>	<u>Asiatics and Coloureds.</u>
Number of deaths under one year of age	17 (16)	1 (6)
Infant Mortality rate (per 1,000 births)	19.72 (21.27)	5.71 (32.4)

/The

The following table gives the causes of death of infants under one year.

	<u>Europeans</u>	<u>Asiatics and Coloureds</u>
Cerebral Meningitis	1	
Broncho Pneumonia	1	
Lobar Pneumonia	1	
Spina Bifida	1	
Circulatory system	1	
Digestive system	1	
Congenital Heart disease	1	
Prematurity	6	1 (Coloured)
Birth injury	2	
Vaccinia	<u>1</u>	<u> </u>
	<u>17</u>	<u>1</u>

Of the 17 European infant deaths registered, 14 were neonatal deaths, i.e. deaths occurring during the first four weeks of life.

In the case of the Coloured infant who died, this was a neonatal death.

The infant mortality rates compare favourably with previous years.

4. DEATHS STATISTICS.

European Male Adult	110
European Female Adult	59
European Male Children	20
Asiatic Male Adult	1
Asiatic Female Adult	2
Asiatic Male Children	Nil
Coloured Male Adults	3
Coloured Female Adult	2
Coloured Male Children	2
Coloured Female Children	1

/MAIN

MAIN CAUSES OF DEATHS.

EUROPEAN ADULTS.

<u>Disease.</u>	<u>Male.</u>	<u>Female.</u>
Cerebro Spinal Meningitis	1	-
Disease of Lung	-	1
Cancer (other)	1	-
Oesophagus	1	-
Cancer Stomach & Duodenum	3	-
Cancer Rectum	1	2
Liver and Biliary	3	1
Pancreas	-	1
Cancer Digestive Organs	-	1
Cancer Lung and Pleura	7	1
Cancer of cervix	-	2
Cancer Female Genital Organs	-	1
Cancer of Breast	-	3
Cancer of Skin	-	1
Cancer of Brain	1	-
Cancer	2	-
Acute Rheumatic Endocarditis	-	1
Diabetes Mellitus	-	2
Pituitary Gland	-	1
Leukaemias and Aleukaemias	-	2
Alcoholism	1	-
Encephalitis	1	-
Motor Neurone	1	-
Intra Cranial Lesions of Vascular Origin	1	-
Cerebral Heamorrhage	9	4
Cerebral Embolism Thrombosis	1	-
Cerebral Embolism Thrombosis and Softening	3	4
Epilepsy	-	-
Paralysis Agitans	1	2
Chronic Affections of the Valves and Endocardium	1	-
Mitral Valve Disease	-	1
Diseases of the Myocardium	2	-
Acute Myocarditis	1	-
Chronic Myocarditis Specified as Rheumatic	1	-
Myocardial Degeneration Infarction	2	-
Other Myocardial Degeneration	1	-
Diseases of the Coronary Arteries Angina Pectoris	5	1
Diseases of the Coronary Arteries	10	6
Other Diseases of the Heart	1	-
	<hr/>	<hr/>
	62	38

MAIN CAUSES OF DEATHS (Cont'd.)

EUROPEAN ADULTS.

	<u>Male.</u>	<u>Female.</u>
Forward:	62	38
Functional Heart Disease	1	-
Arteriosclerosis	3	2
High Blood Pressure	2	4
Chronic Bronchitis	-	1
Bronchitis	-	-
Broncho Pneumonia	1	2
Lobar Pneumonia	3	-
Pneumonia (Unspecified)	1	-
Other or Unspecified forms of Pleurisy	1	-
Congestion, Oedema, Haemorrhagic Infarction	-	1
Haemorrhagic Infarction of Lung, Thrombosis of Lungs	2	-
Pulmonary Emphysema	1	-
Silicosis and other Occupational Pneumoconioses	1	-
Ulcer of the Stomach or Duodenum	2	-
Appendicitis	1	-
Hernia	1	-
Other Diseases of the Intestines	-	1
Cirrhosis of the Liver	2	1
Cirrhosis of the Liver with mention of Alcoholism	1	-
Cirrhosis of the Liver without mention of Alcoholism	-	1
Biliary Calculi	2	-
Disease of Pancreas other than Diabetes	2	-
Chronic Nephritis	2	-
Arteriosclerotic Kidney	-	1
Other Diseases of Kidney and Ureters	-	1
Other Diseases of Kidney and Ureters	1	-
Hypertrophy of Prostate	1	-
Senility old age	1	3
Senility without mention Senile Dementia	2	-
Suicide by firearms and explosives	2	-
Homicide by cutting or piercing instrument	-	1
Homicide by other unspecified means	1	-
Railway accident	1	-
Motor vehicle accident	3	-
Accidental absorbtion of poisonous gas	1	-
Accidental drowning	1	-
Accidental injury by firearm	1	-
Accidental injury by fall crushing landslide, etc.	2	-
	<u>108</u>	<u>57</u>

MAIN CAUSES OF DEATHS (Cont'd.)

EUROPEAN ADULTS.

	<u>Male.</u>	<u>Female.</u>
Forward:	108	57
Other Accidents	-	-
Anaesthetic accidents	1	-
Heart Failure	<u>1</u>	<u>2</u>
<u>EUROPEAN ADULTS TOTAL:</u>	<u>110</u>	<u>59</u>

EUROPEAN CHILDREN.

Cerebral Meningitis	5	-
Malaria	-	1
Acute Poliomyelitis and Polioencephalitis	1	-
Cancer of Brain and other parts Nervous System	1	-
Epilepsy	1	-
Bronchitis	-	1
Broncho Pneumonia	-	2
Lobar Pneumonia	1	-
Enteritis and Diarrhoea	1	-
Spina Bifida	-	1
Circulatory System	1	-
Digestive System	1	-
Congenital Heart Disease	1	1
Prematurity	3	3
Birth Injury	1	1
Motor Vehicle Accident	1	-
Vaccinia	1	-
Causes of death unstated or ill defined	<u>1</u>	<u>-</u>
<u>EUROPEAN CHILDREN TOTAL:</u>	<u>20</u>	<u>10</u>

ASIATIC ADULTS.

Cancer of Breast	-	1
Arteriosclerosis	-	1
Mitral Valve Disease	<u>1</u>	<u>-</u>
<u>ASIATIC ADULTS TOTAL:</u>	<u>1</u>	<u>2</u>

MAIN CAUSES OF DEATHS (Cont'd.)

COLOURED ADULTS.

	<u>Male.</u>	<u>Female.</u>
Cerebral Haemorrhage	-	1
Arteriosclerosis	1	-
Asthma	-	1
Nephritis	1	-
Disease of Kidney and Ureters	<u>1</u>	<u>-</u>
<u>COLOURED ADULTS TOTAL:</u>	<u>3</u>	<u>2</u>

COLOURED CHILDREN.

Anaemias	1	-
Meningitis	1	-
Prematurity	<u>-</u>	<u>1</u>
<u>COLOURED CHILDREN TOTAL:</u>	<u>2</u>	<u>1</u>

Death Rate : Summary.

European.

The number of deaths registered was 199, the death rate per 1,000 of the population being 5.1 as compared with 6.3 in the previous year.

Asiatic and Coloured.

The number of deaths registered was 11 (Asiatic 3, Coloured 8) the death rate per 1,000 of the population being 3.4 as compared with 8.7 in the previous year.

INFECTIOUS DISEASES.

The total number of cases of notifiable infectious diseases reported during the year totalled 387 as compared with 405 in the previous health year 1955/56.

A schedule of the notified diseases is given at the end of this section of the report.

(1) Small Pox.

Three African cases of Small Pox were diagnosed during the year.

/Two

Two of these were children aged seven and five years respectively, who were resident in the Mabvuku African Township when diagnosed. It is probable that the infection was contracted from an outside area although the actual source was not discovered.

Following the diagnosis of these two cases in Mabvuku, the whole population of this self-contained township, approximately 5,000 persons, were re-vaccinated.

The third case was an African male in domestic employment who had become infected while on leave in the Inyazura district just prior to his return to Salisbury; the three other Africans employed in the same European household were quarantined in the Native Infectious Diseases Hospital and the European family concerned were maintained under daily medical surveillance. Fortunately no further cases followed this infection.

In Salisbury the compulsory vaccination of Africans entering the City in search of work and the re-vaccination of those in employment at regular intervals has played a large part in maintaining the area free, or relatively free, in past years of this serious infectious disease.

(2) Scarlet Fever.

Twenty cases (all Europeans) were notified as compared with fourteen in the previous year.

This disease continues to follow a mild course in the majority of cases and can usually be adequately treated in the patient's home.

(3) Enteric Fever (Typhoid Fever).

During the year 7 cases, as compared with 4 cases in the previous year, were notified. These were sporadic in nature.

The following table indicates the incidence of Enteric Fever in Salisbury since the year 1934/35. From 1934 to 1954 the figures are the average annual figures in five year periods.

	<u>Europeans</u>	<u>Coloureds</u>	<u>Asiatics</u>	<u>Africans</u>	<u>Total</u>
1934/39					16
1939/44					13
1944/49					18
1949/54					22
1954/55	12	1	-	4	17
1955/56	1	-	-	3	4
1956/57	3	-	1	3	7

/Bearing

Bearing in mind the fact that the incidence of Typhoid Fever is a reasonable guide to the standard of environmental hygiene and general public health control in any area, the year's figures are still satisfactory and are a creditable reflection on the work of the Health Inspectorate and Cleansing sections of the Department.

This, however, should not give rise to a feeling of complacency, as at any time in the future our defences may be breached. Continued vigilance in the protection of water and milk supplies, fly breeding, etc., is necessary to avoid an epidemic or an increase in the number of sporadic cases. Everything possible must be done to improve personal hygiene, particularly of those handling and preparing foodstuffs.

The following were the results of Vi tests performed during the year. Evidence is gathering that this test is not very reliable, but unfortunately no satisfactory alternative has yet been discovered.

<u>No. of Negatives.</u>	<u>No. of Positives.</u>	<u>Total.</u>
282 (488)	16 (7)	298 (495)

(4) Cerebro-spinal Meningitis.

The total number of cases notified was less than half of those of the previous year, 24 as compared with 56.

The following table indicates the incidence since 1934. From 1934 to 1954 the figures are the average annual figures in five year periods.

	<u>Europeans</u>	<u>Coloureds</u>	<u>Asiatics</u>	<u>Africans</u>	<u>Total</u>
1934/39					13
1939/44					21
1944/49					8
1949/54					144
1954/55	4	-	1	105	110
1955/56	3	1	-	53	57
1956/57	7	-	-	17	24

Six of the seven European cases notified were admitted to the Wilkins Infectious Diseases Hospital. One case was admitted in a moribund condition and died and the seventh case died before reaching hospital. In both these cases the "Waterhouse Fridericksen Syndrome" occurred soon after the onset of the illness.

(5) Pulmonary Tuberculosis.

During the year 84 cases of Pulmonary Tuberculosis were notified as compared with 54 in the previous year.

It is gratifying to record that there has been in the last four years a general public awakening to the seriousness of this disease, especially amongst the African population in Southern Rhodesia.

In regard to the provision of additional beds for the reception of infectious cases of this disease, the search for "open" cases of the disease, the testing of persons for susceptibility to the disease, and the raising of the degree of immunity of the African population using B.C.G. vaccine, the City Council is playing an active part.

Today 100 beds are available at the Native Infectious Diseases Hospital for the reception of cases of Pulmonary Tuberculosis and the Federal Government and the City Council have agreed to the provision of an additional 120 beds for these cases.

The practice of examining the contacts of all notified cases of the disease has been continued. In addition, it is proposed in future to try to discover the place of residence of the patient at the time of infection. This has become necessary since it is felt that the bulk of persons infected with pulmonary tuberculosis may come to Salisbury with the disease already established. In future years it is possible that as a result of this investigation the number of cases which will be accepted as Salisbury cases may be considerably reduced.

Insofar as the testing of persons for susceptibility to the disease (Mantoux test) and the raising of the degree of immunity of the African population by the use of B.C.G. vaccine is concerned, this work is being continued in the African Townships to cover the women and children.

African males and females seeking employment are now being dealt with through the medical examination organisation and, as a result, this preventive measure is ensured at the source of the City's labour supply and a more comprehensive cover of the African population is thus being obtained as compared with former years.

Unfortunately, no provision is made for the routine Radiological examination of Africans entering Salisbury or, in the case of women and children, who reside in the City.

/The total

The total number of Mantoux tests, B.C.G. Vaccinations, etc., performed during the year are set out below:-

	No. <u>Mantoux</u>	No. <u>Negative</u>	No. <u>Positive</u>	No. <u>B.C.G.</u>	No. <u>Absent</u>
African males	98,606	16,621	64,745	16,621	17,240
African females	2,562	787	1,160	771	615
African children	1,026	533	71	533	422
	<u>102,194</u>	<u>17,941</u>	<u>65,976</u>	<u>17,925</u>	<u>18,277</u>

(6) Diphtheria.

37 Cases of Diphtheria were notified, made up of 4 European and 33 African cases, as compared with one European and 31 African cases in the previous year.

As Diphtheria is a disease which can be prevented, this is not entirely satisfactory.

One would wish to see more African mothers bringing their babies and children either for primary immunisation or the giving of a "booster" dose.

When the migratory aspect of the African population is taken into consideration, it will be appreciated how difficult it is to obtain an entirely satisfactory level of immunisation in these people.

(7) Acute Poliomyelitis.

The total number of cases of Acute Poliomyelitis notified during the year was 51 as compared with 10 in the previous year.

The table below gives an average number of cases in five year periods from 1934 to 1954 and the cases in each year in 1954/55, 1955/56 and 1956/57.

	<u>Europeans</u>	<u>Coloureds</u>	<u>Asiatics</u>	<u>Africans</u>	<u>Total</u>
1934/39					1
1939/44					1
1944/49					5
1949/54					16
1954/55	32	3	1	5	41
1955/56	8	-	-	2	10
1956/57	26	-	3	22	51

It should be noted that there was this year a large

/increase

increase in the incidence of infection with Poliomyelitis among the African population, in fact this is the first reported epidemic of Poliomyelitis occurring amongst these people in Salisbury.

In the African the form of the disease conformed to the pattern commonly encountered in the past, namely, the infantile paralysis type, i.e. mainly in young children with involvement of the lower limbs.

During this period Poliomyelitis Vaccine (Salk type) from the Union of South Africa and from the United Kingdom was imported by the Federal Government and supplies were made available to Local Authorities and Medical Practitioners.

When it became known that the Government would subsidise the issue of the vaccine to Local Authorities at 50% of the cost for administration to certain age groups, the City Council of Salisbury decided that the vaccine should be made available to children in these age groups resident within its area of jurisdiction through its immunisation organisation at cost, i.e. two shillings and sixpence per dose.

It is likely that as a result of the Polio Vaccine being made available in this way, a high proportion of the European child population has been immunised but this cannot be claimed for other races although the facilities were available to all.

All Municipal personnel at risk, such as Ambulance Drivers as well as Hospital staff and their families, have been offered free vaccination against Poliomyelitis. This has also been extended to the various specialists and doctors called in to the Infectious Diseases Hospitals and their families.

On the recommendation of the Medical Officer of Health, it was agreed that a Senior Clinical Medical Officer be authorised to make a study tour of centres in Europe where Acute Poliomyelitis cases were being treated.

The Rhodesian State Lotteries had agreed to finance this project and Dr. James Melvin visited many treatment centres in the United Kingdom and on the Continent.

A report was submitted upon his return, circulated to members of Council and, as a result of this report, a considerable amount of additional equipment was ordered. Fortunately, much of this was received in time to be of use in the hospitals during the last outbreak. As on a previous occasion the State Lottery Trustees agreed to meet the cost of this equipment.

/It is

It is thought that with the equipment and facilities now on hand and pending, the treatment of Acute Poliomyelitis victims in the Infectious Diseases Hospitals in Salisbury should be in line with the best that appertains in Respiratory Units in the hospitals of the United Kingdom.

(8) Leprosy.

Twenty-five African cases of Leprosy were notified during the year. Most of these cases are diagnosed at the routine clinical examination of Africans and the majority of cases are in Africans intending to take up work in Salisbury or the peri-urban areas.

Strictly speaking these cases could be recorded as not Salisbury cases.

DISEASE	EUROPEANS	ASIATICS	COLOURED	AFRICANS	TOTAL
Cerebro-Spinal Meningitis	7 (2)	- (-)	- (1)	17 (53)	24 (56)
Chickenpox	57 (19)	- (-)	2 (-)	68 (191)	127 (210)
Diphtheria	3 (1)	- (-)	- (-)	33 (31)	36 (32)
Encephalitis	- (-)	- (-)	- (-)	1 (-)	1 (-)
Enteric Fever including Paratyphoid	3 (1)	1 (-)	- (-)	3 (3)	7 (4)
Leprosy	- (-)	- (-)	- (-)	25 (15)	25 (15)
Polio-myelitis	26 (8)	3 (-)	- (-)	22 (2)	51 (10)
Scarlet Fever	20 (13)	- (1)	- (-)	- (-)	20 (14)
Small Pox	- (-)	- (-)	- (-)	3 (1)	3 (1)
Tuberculosis Pulmonary	4 (4)	1 (1)	3 (2)	76 (47)	84 (54)
Tuberculosis Miliary	- (-)	- (-)	- (1)	8 (3)	8 (4)
Tuberculosis Primary Focus	- (-)	- (-)	- (-)	1 (1)	1 (1)
Tuberculosis Meningitis	- (-)	- (-)	- (-)	-	-
	120 (48)	5 (2)	5 (4)	257 (347)	387 (401)

WILKINS INFECTIOUS DISEASES HOSPITAL.

Infectious diseases admissions to hospital other than Poliomyelitis and allied conditions have been singularly few in the twelve months under review.

During the months of January to May, 1957, the use of hospital beds for Poliomyelitis cases had to be extended to the previously prepared Ward I. To meet this position temporary nursing staff had to be engaged and the services of the trained staff were concentrated in dealing with the serious and life endangering cases. This put a heavy burden on the permanent nursing staff trained to deal with this disease. The Bulbar and the Respiratory type of case require individual and constant nursing attention throughout the 24 hours.

With frequent changes of staff it is difficult to retain a nucleus of trained and competent personnel in a relatively small hospital.

In April, 1957, a very pleasant Garden Party was held in the grounds of the hospital when a distinguished company, including Lord and Lady Malvern, the Mayor and Mayoress, former Mayors and present Councillors and their wives, and many of the local doctors and their ladies, were present to do honour to the Medical Officer of Health.

The occasion was a presentation to their Chief by the staff of the Health Department of a Departmental Diary to mark the 21st anniversary of his service as Head of a Department of the Municipality of Salisbury.

The presentation was made on behalf of the staff of the Health Department by Lord Malvern, who was at one time part time Medical Officer.

Acute Poliomyelitis.

Ninety-five (95) European cases of Poliomyelitis or allied conditions were dealt with during the year; the majority of the cases, sixty in number, being admitted in February, March and April.

These cases were divided into the following categories:-

Acute Poliomyelitis	85	Paralytic	41
		Non Paralytic	44
Encephalitis of unknown Virus origin	5		
Post Acute Paralytic Poliomyelitis with marked paralysis	4		
Bornholm Disease	1		

/The

The virus in this outbreak was the No. 1 (Brunhilde) type and it is interesting to note that approximately 75% of the cases were admitted from outside the Council's area of jurisdiction.

The facilities available for bringing into Hospital from outside areas the more serious cases of the disease remain unsatisfactory.

Seven cases of the Bulbar type where life was in extreme danger were admitted and, of these, three died. Two of these cases arrived at the Hospital in a moribund condition.

The post acute cases were admitted from outside districts or neighbouring Territories in order to receive the benefits of physiotherapy in addition to respiratory and other aids which were not available in the place from which they came.

The Red Cross Polio Clinic situated in the Hospital grounds continued to give valuable assistance in the treatment of cases requiring hydro and physiotherapy.

Inoculation with Poliomyelitis Vaccine.

Cases which have contracted Poliomyelitis and which have had one or more previous inoculations with Vaccine are enumerated below:-

<u>Type and Date of Injection.</u>	<u>Date of Admission to Hospital.</u>	<u>Paralytic</u>	<u>Non-Paralytic</u>
S.A. 10.9.1956.	23.10.1956.		X
S.A. 4.12.1956	10. 1.1957.	X	
S.A. 9.1956.	18.2.1957.		X
Not known 30.3.1957.	7.4.1957.	X	X
" " 31.3.1957.	25.4.1957.	X	
" " 9.4.1957.	5.5.1957.		X
" " 6.5.1957.	18.5.1957.		X

In all of these it can be claimed that the vaccine had not had sufficient time or dosage to confer any real immunity.

After Poliomyelitis and allied Viral diseases (95 cases), the following are the more common diseases in the European, referred for treatment in the Wilkins Infectious Diseases Hospital.

Measles (21 cases).

Generally speaking, measles cases are only admitted if they are complicated or the individual's home conditions are such that treatment in Hospital is justified.

/Pulmonary

Pulmonary Tuberculosis (19 cases).

7 Beds in the Wilkins Infectious Diseases Hospital are reserved for European T.B.'s and this has proved to be more than adequate. The treatment consists in the main of high doses of I.N.H. (viz. from four to eight times in milligrams daily of the weight in lbs. of the patient), in addition to P.A.S. and courses of Streptomycin, high protein diet and multivitamins.

The results have been very satisfactory and the average stay in hospital has been considerably reduced.

The only complication of this high I.N.H. dosage has been an occasional transient peripheral neuritis - relieved by a temporary reduction of the dosage and a course of Vitamin B Complex or B.12.

Tonsillitis, Pharyngitis and Laryngitis (11 cases).

These usually occur in the dry, dusty season, and hospital cases of the haemolytic streptococcal variety are an indication of widespread minor attacks in the population.

Meningo-encephalitis of Mumps (9 cases).

The number of complicated cases of Mumps requiring admission has increased and the complication of involvement of the central nervous system is somewhat disturbing.

Scarlet Fever (9 cases).

These are admitted mainly for complications.

Diphtheria (8 cases).

This ought not to occur at all with Europeans and, as free immunisation is available, this incidence is a serious reflection on the lack of enlightenment of a part of the population.

Schedule of Cases Admitted to Hospital.

	<u>Municipal.</u>	<u>Rural.</u>
Bornholm Disease		1
Chicken Pox	1	-
Diphtheria	4	4
Enteritis and Gastritis	2	3
Infective Hepatitis	1	1
Laryngo Tracheo Bronchitis	3	1
Cerebral Malaria	-	1

/Measles

	<u>Municipal.</u>	<u>Rural.</u>
Measles	10	11
Meningitis Pneumococcal	-	2
Meningococcal	5	1
Encephalitis of unknown Virus origin	2	3
Meningism	1	1
Mumps	4	3
Influenza	2	-
Pharangitis	5	3
Pneumonia	1	-
Poliomyelitis - query for investigation	-	1
Acute	14	30
Acute Non-Paralytic	9	28
Acute Abortive	-	1
Post Acute Paralytic	-	5
Ac.Non-Paralytic and Pregnancy	1	-
Ac.Paralytic and Pregnancy	-	1
Rheumatic Fever	1	-
Rubella	2	2
Scarlet Fever	7	2
Acute Tonsillitis	2	2
Typhoid	-	1
Paratyphoid	-	1
Typhus (Tick)	1	1
Tuberculosis Pulmonary	6	14
Miscellaneous	<u>18</u>	<u>14</u>
<u>TOTAL:</u>	<u>102</u>	<u>138</u>

Cases of Acute Poliomyelitis and allied conditions, hospitalised in the
WILKINS INFECTIOUS DISEASES HOSPITAL, SALISBURY, S RHODESIA
in the year 1st July 1956 - 30th June 1957

Summary

Acute Poliomyelitis

Non Paralytic.

Paralytic.

(including 7 Bulbar cases and of these, three deaths)

44 Deaths -
 41 " 4 (3 male, 1 female)

85. 4 (4.7%)

Acute Encephalitis of unknown virus
 (probably Polio virus)

5 1 (male)

Post Acute Paralytic cases.

4

Bornholm Disease (Copsackie virus B II)

1

Total :- Polio and allied conditions.

95

5

Males

62

65 26%

Females

33

34 74%

Urban cases (Salisbury) 24
 Rural cases 71

LEGEND

♂ 1½ Age
 One case Polio

E Encephalitis of unknown Virus origin

cox Case of Bornholm Disease

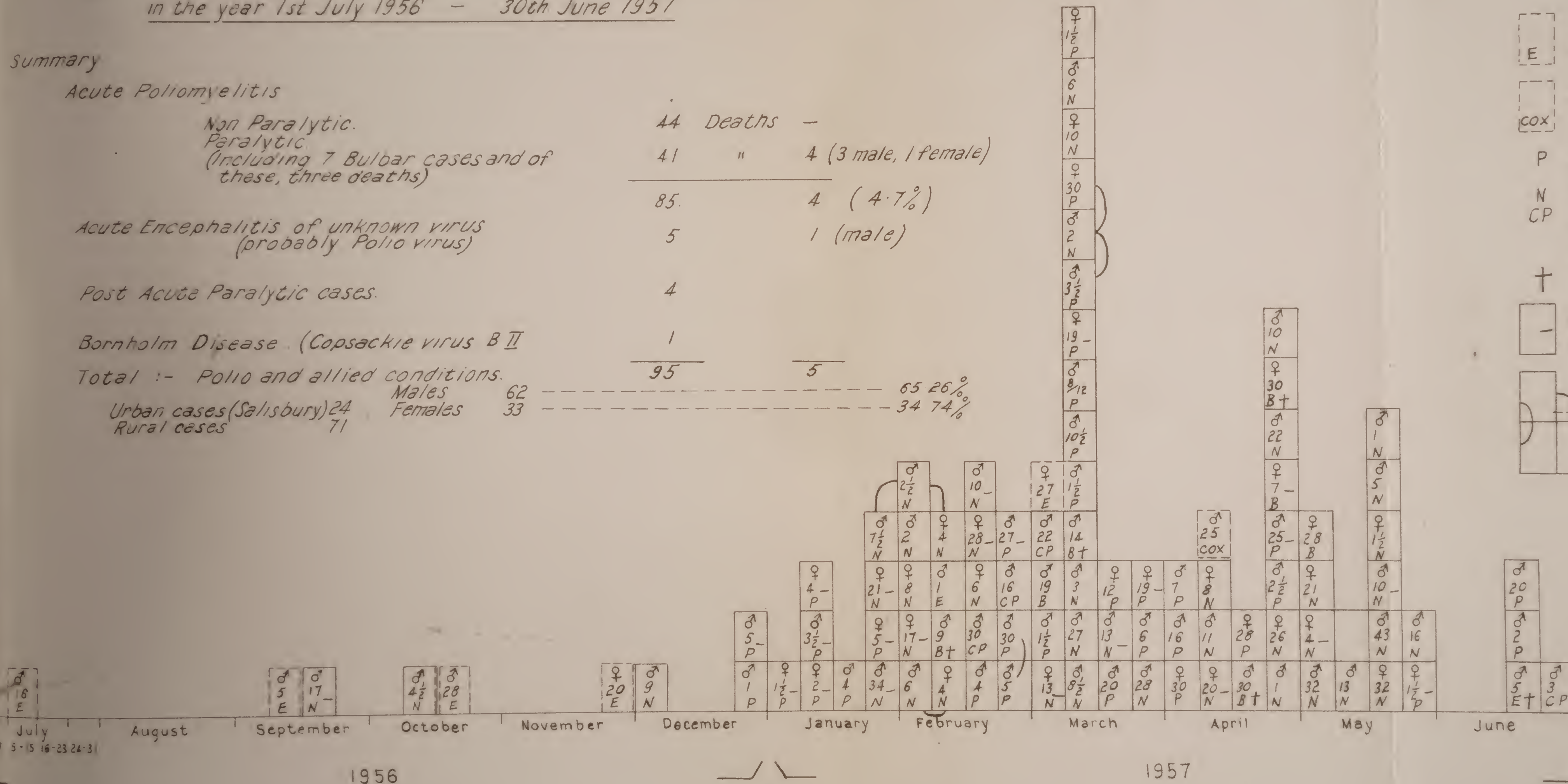
P Paralytic

N Non Paralytic
 CP Chronic residual paralysis on admission

† Death

- Cases from Salisbury

SIBLINGS



	12345678910	15	20	25	30
Jl.	xx				
Dec	x				
Jan	x xxx xxxxxxxx xxxxxxxx xxxxxxxx				
Jun	xxx x xxxxxx				
Dec	x x o				
Jan	x xxo xxxxxxxx xxxxxxxx				
Jun	x				
Dec	xxxx xxxxx xxxxxxxx xxxxxx xxxxxxxxxxxx				
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Jan	xxxxxxxx xxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx				
Jun	xxxxxx xxxo xxo xxxx				
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Jan	xxooo xo xxxxxo xxxxxxo xxxxxo				
Jun	o				
Jul	o				
Aug	xo				
Sept	xo				
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Jan	xxxx				
Feb					
Mar					
Apr					
May					
Jun					
Jul					

Acute Poliomyelitis and Allied Diseases (8 years)		Deaths (excluding one Encephalitis later proved to be Rabies)	
x	Males	(58.8%)	203
	Females	(43.6%)	142
	Paralysed	(61.4%)	212
	(including Bulbar)	(17.4%)	(37)
o	Coxsackie		17
o	Encephalitis of unknown virus origin		37
+	Deaths (excluding one Encephalitis later proved to be Rabies)		39
			22 = 62.8%

WILKINS INFECTIOUS DISEASES HOSPITAL:

TOTAL:	DEATHS:
345	39 (11.3%)

NATIVE INFECTIOUS DISEASES HOSPITAL.

During the year an additional qualified male nurse was appointed to the European staff, bringing the total staff up to 4; one Senior Clinical Assistant, 2 Clinical Assistants and one Clerk. At the time of writing tenders are being called for the building of a new 120 bedded Tuberculosis block and its completion will provide a total of 320 hospital beds divided into 220 beds for cases of Pulmonary Tuberculosis, 60 beds for infectious diseases and 40 for venereal diseases. In the coming year consideration will have to be given to building a new block to accommodate cases of other infectious diseases.

In spite of improved wages, one of the main difficulties experienced at the hospital to date has been the acute shortage of male trained African orderlies and microscopists. It may well be that use will have to be made of African female nurses to care for African male patients as these are in plentiful supply; for various reasons such a change will have to be brought about gradually.

An outstanding event in the life of the hospital during the year was the visit of His Excellency the Governor and Lady William Peverill Powlett, the first Governor and his lady to visit the Hospital. The Hospital staff were indeed honoured to welcome them.

In-Patients.

The attached graph shows the number of cases of infectious diseases admitted during the last ten years. It will be seen that the admissions of children in this year are slightly more in number than for male cases. This is a situation that has never occurred previously.

Also graphs applicable to the admissions of certain other diseases, viz. Diphtheria; Cerebro-Spinal Meningitis; Small Pox and Poliomyelitis have been prepared.

During the year under review the total number of in-patients treated in the hospital was 2,802. The number of fresh admissions during the year was 2667 as compared with 2793 last year, a reduction of 126 cases in all.

Details of the various Venereal and Infectious Diseases cases admitted are shown below:-

/ VENEREAL

VENEREAL DISEASES.

	<u>MALE</u>		<u>FEMALE</u>		<u>CHILDREN</u>		<u>TOTAL</u>	
Gonorrhoea	16	(27)	8	(16)	-	(1)	24	(44)
Syphilis	93	(123)	22	(55)	2	(4)	117	(182)
Gonorrhoea/Syphilis	9	(19)	-	(3)	-	(-)	9	(22)
Soft Sore	505	(557)	5	(-)	2	(-)	512	(557)
Gonorrhoea/Soft Sore	45	(62)	1	(-)	-	(-)	46	(62)
Syphilis/Soft Sore	128	(141)	-	(-)	-	(-)	128	(141)
Gon/Syph/Soft Sore	11	(21)	-	(-)	-	(-)	11	(21)
L.G. Inguinale	3	(8)	-	(2)	-	(-)	3	(10)
TOTALS:	810	(958)	36	(76)	4	(5)	850	(1039)

NON VENEREAL DISEASES.

Diphtheria	5	(6)	9	(12)	47	(54)	61	(72)
C.S. Meningitis	23	(56)	1	(3)	12	(30)	36	(89)
Other Meningitis	7	(10)	2	(-)	4	(6)	13	(16)
Tuberculosis	133	(87)	49	(19)	35	(10)	217	(116)
Leprosy	87	(71)	1	(-)	-	(4)	88	(75)
Small Pox	1	(2)	-	(1)	5	(2)	6	(5)
Chicken Pox	38	(196)	3	(10)	5	(44)	46	(250)
Measles	58	(194)	-	(8)	119	(212)	177	(414)
Mumps	59	(45)	-	(2)	-	(2)	59	(49)
Poliomyelitis	2	(2)	-	(-)	100	(3)	102	(5)
Whooping Cough	-	(-)	-	(-)	101	(61)	101	(61)
Scabies	156	(48)	2	(-)	19	(9)	177	(57)
Typhoid Fever	-	(1)	-	(-)	-	(-)	-	(1)
Miscellaneous	274	(184)	289	(234)	171	(126)	734	(544)
TOTALS:	843	(902)	356	(289)	618	(563)	1817	(1753)

63 More cases of Infectious Diseases were admitted to Hospital this year than last year.

It is pleasing to note that the decrease in Venereal Disease continues. There were 189 fewer cases of Venereal Disease treated in the Hospital during the year. This reduction is mainly accounted for by considerably fewer cases of active Syphilis and Gonorrhoea.

Deaths.

A total of 66 deaths occurred in the Hospital, made up as follows:-

/Whooping

Whooping Cough/Pneumonia	11
Pulmonary Tuberculosis	23
Diphtheria	7
Hydrophobia (Rabies)	1
Measles/Whooping Cough/Pneumonia	1
Measles/Gastro Enteritis	3
Measles/Pneumonia	1
Pneumococcal Meningitis	2
Cerebro-Spinal Meningitis	2
Purulent Meningitis	3
Gastro-Enteritis	2
Meningo-Encephalitis	1
Polio-Encephalitis	1
Acute Paralytic Poliomyelitis	7
Acute Pulmonary Aedema	<u>1</u>
	<u>66</u>

The following are the main diseases dealt with.

Poliomyelitis.

The most noteworthy event of the year was the major epidemic of Polio which Mashonaland experienced this year and of considerable importance to this Hospital was the fact that the Africans this year suffered very severely from this crippling disease. Consequently, the Hospital was fully extended for several months to accommodate well over 90 cases of Paralytic Poliomyelitis who were treated there during the months of January to June, 1957.

The following is a list of the age groups of Acute Paralytic Poliomyelitis cases admitted to the Native Infectious Diseases Hospital since 1st July, 1956, to 30th June, 1957:-

N.B. In the case of the Bantu the ages are approximate.

<u>Age Group.</u>	<u>Cases.</u>
0 - 1	32
1 - 7	65
7 - 12	-
12 - 20	2
20 - 35	1
35 - 50	-
50 +	-

All the cases admitted to the Hospital were of the paralytic type. This is significant as no doubt many non-paralytic cases lay undiagnosed in the Reserves and in the urban townships.

/Speaking

Speaking generally, the extent of the paralysis was very severe, the limbs being the major portion of the body affected. A few isolated cases showed faeial paralysis only, assoeiated with the usual changes in the cerebro-spinal fluid.

In view of the severity of the paralysis, it was indeed a pathetic sight to see these young children who will be so severely handicapped in after life. It is felt that every effort should be made in the future to offer this section of the community every possible orthopaedic rehabilitation treatment and the best possible physiotherapy, as they are so dependent on the use of their limbs to earn a livelihood.

After 28 days, the official isolation period for cases of this disease, the cases were transferred to Salisbury General African Hospital for their after care.

About three cases in all required the use of artificial respiration.

There was only one pure bulbar case with respiratory involvement as well - he was comatose on admission and died within a few hours.

Specimens of stool were sent as usual to the S.A.I.M.R. Johannesburg, and all reports received to date indicated that the virus isolated belonged to Type 1 (Brunhilde), the same as is being isolated from the European community.

Pulmonary Tuberculosis.

100 Beds are available in the Native Infectious Diseases Hospital for treatment of this disease amongst Africans in Mashonaland. Even the most advanced cases, possessing what might be assumed as a hopeless prognosis, are admitted to the Native Infectious Diseases Hospital. Bearing this fact in mind, it can be said that the results that are being obtained in the treatment of this disease at the Hospital are most satisfactory. By far the majority of cases admitted are suffering from advanced, bilateral involvement of the lungs, often with extensive cavitation.

The total number of Tuberculosis patients has increased from 116 in 1955-56 to 217 in 1956-57. Reference to the schedule of admissions later in this section shows the considerable increase in the admissions of females and children (55) as compared with males (46). With the information at our disposal, it is difficult to judge the full significance of this situation, but it certainly

/justifies

justifies a full investigation by the responsible authorities.

The most useful treatments of this disease have been found to be streptomycin and I.N.H. On an average 600 millegrams of I.N.H. per adult per day has been given over a continuous period of 6 months. During this 6 months period, streptomycin is given systemically in a dosage of 1 gramme intramuscularly per day for 30 days, with a break of a month and 2 further courses of 30 grammes up to a total of 90 grammes in all. In spite of this intensive treatment, there has been no complications with either drug.

In some of the more severe cases penicillin, in courses of 3 million units over 5 days, is given to initiate the above treatment and to control secondary bacterial infection.

A few selected cases have also been treated by pneumo-peritoneum therapy with encouraging results. Artificial pneumothorax appears to have a small part to play in the treatment of Pulmonary Tuberculosis in the African.

Generally speaking, the average duration of stay of a patient in the hospital is 6 - 9 months and the average patient becomes "sputum negative" after 3 months.

All patients undergo a weekly sputum examination and their weights are religiously recorded every week. B.S.R. tests are done as and when required. Furthermore, all patients are X-Rayed routinely at the Government General Hospital every 3 months while undergoing treatment in hospital.

This year out-patient treatment of discharged patients has been introduced for selected cases who live within the Salisbury Municipal area and on whom a check can be kept. These patients have been given I.N.H. and P.A.S. in reduced doses, together with 5 lb. tins of dried whole milk which are supplied to us by the Rhodesian Association for the Prevention of Tuberculosis. A month's supply of tablets is given to each patient and the inducement of obtaining refills of milk ensures the patient's reporting back to the Hospital. This experiment is working extremely well. It is the practice to continue treatment with tablets for 6 months with regular checks - X-Ray, weight, sputum, B.S.R. every 3 months and also a check on blood counts.

It is hoped that by such out-patient treatment the duration of stay of the in-patient will be reduced.

/With

With regard to the investigation of contacts of notified cases of Pulmonary Tuberculosis, these contacts are all referred to the Native Infectious Diseases Hospital where they are routinely checked by means of chest X-Ray, Mantoux test and sputum test. A positive Mantoux in a child under 5 can be of diagnostic significance, viz. of the 150 odd contacts examined during the year, 2 were found to have Tuberculosis and three had strongly suspicious radiological chest signs and warranted admission to hospital for further investigation.

Tuberculosis cases are very good patients and, considering the duration of their stay, are very contented. Every endeavour is made to make them as happy as possible by giving them varied diets including milk, fruit, fish and extra rations of meat, vegetables, sudza, sugar and margarine, and there is an average gain in weight of a patient of 40 lbs. in 2 months. Entertainment is also provided by the use of radio sets and these are most popular with the patients. Magazines which are supplied by the Red Cross are distributed from time to time and 2 Tsoro boards were provided during the year so that these could be carried into the wards during rainy weather.

As part of their rehabilitation a scheme of elementary education in the "3 R's" was introduced during the year by the Native Education Department. An African teacher visits the hospital twice a week to hold his class.

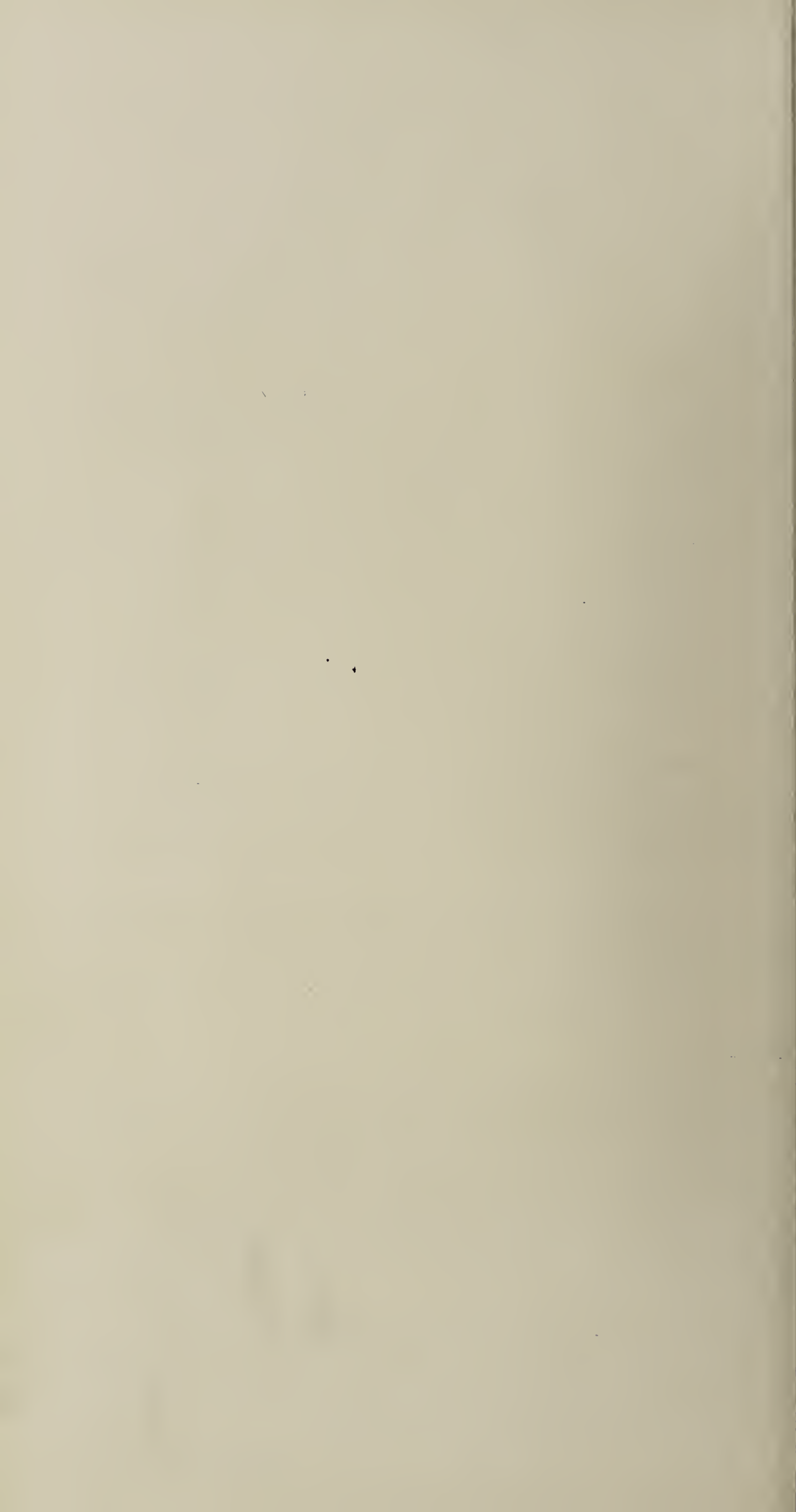
The occupational therapy has, on the whole, been disappointing especially amongst the male patients who are not interested in the diversional aspect but only in the pecuniary one of their individual efforts.

Prophylaxis.

During the year a small trial with a new B.C.G. Freeze Dried viable vaccine was undertaken and from this very small trial an 80% conversion from Mantoux negative to positive was obtained. In the light of this experiment it was been decided to use Freeze Dried B.C.G. vaccine in future for the immunisation of Mantoux negative reactors instead of the liquid preparation which has been used over the past 3 years.

The advantage of this Freeze Dried preparation lies in the fact that it may be kept for a much longer period than the 2 weeks permissible with the fluid form. The Freeze Dried vaccine is to be supplied to this Department free by the Government.

/Diphtheria.



Diphtheria.

Diphtheria in the African continues to be a cause for concern. It is not known how many cases of this disease occur in the Municipal and especially in the Rural areas which are not recognised as Diphtheria and which either recover with impaired general health, damaged heart, etc., or die from unknown or secondary causes.

Those, either in surgery or clinic, who receive cases which they diagnose as Diphtheria are convinced that many are brought to medical attention when the disease is already advanced to a precarious condition. This conviction is endorsed by the hospital staff who have the onus of trying to save these.

This state of affairs is no doubt due to the ignorance of the primitive mother or reluctance on the part of the father to subscribe the cost of fares to bring such in to doctor, clinic or hospital.

Of the total admissions to hospital, those from the Rural areas or Reserves are the more prone to produce these precariously advanced cases.

The following figures confirm these conclusions:-

Native Infectious Diseases Hospital.

<u>Total deaths from all causes.</u>	<u>Total deaths from Diphtheria.</u>
66	7 (10.6%)
<u>Total admissions of cases of Diphtheria.</u>	<u>Total deaths from Diphtheria.</u>
61	7 (11.4%)

A further breakdown of these Diphtheria figures relating to Municipal and Rural cases:

<u>Municipal:</u>	2 deaths in 42 cases	=	Death Rate of 4.76%
<u>Rural:</u>	5 deaths in 19 cases	=	Death Rate of 26.3%.

Other cases of infectious diseases admitted to the Native Infectious Diseases Hospital during the year included Whooping Cough, Cerebro Spinal Meningitis, Small Pox, Measles, Chickenpox and Venereal Disease. Whooping Cough is still the major killer amongst malnourished African children. In regard to Venereal Diseases, these have been treated along the lines adopted in previous years and Penicillin still shows no signs of proving ineffective in the treatment of spirochaetal diseases and gonorrhoea.

/Quite

Quite a few suspected cases of Leprosy are investigated at the Hospital for onward transmission to the Government leprosaria.

Out-Patients.

Attendances have risen by 27 over last year, the first year in which a rise has been recorded since the year 1951 - 1952. The attached graph shows out-patients treated over a period of ten years. Treatment for Gonorrhoea remains the same, i.e. 600,000 units Procaine Penicillin (P.A.M.).

We have not been able to find any cases of relapse in Gonorrhoea treated as out-patients. Occasional cases of re-infection have occurred.

Laboratory.

The following specimens were examined in the Hospital laboratory:-

<u>Blood Films.</u>	<u>Stools.</u>	<u>Urines.</u>	<u>Smears for Gonococci.</u>	<u>Sputum for T.B.</u>	<u>Dark Ground for Spirochaetes.</u>
947	156	1840	1924	4336	1807

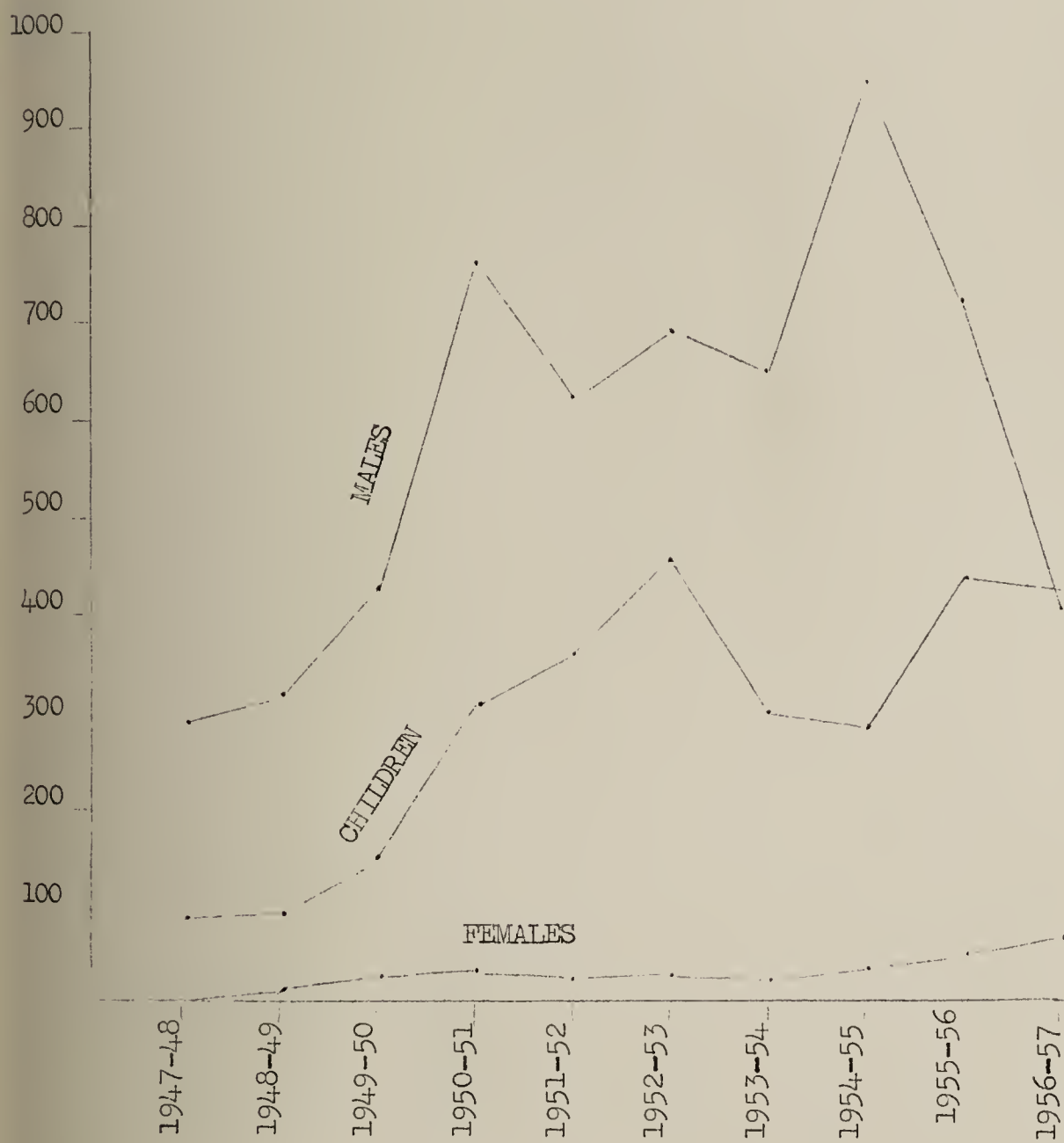
Blood Counts.

88

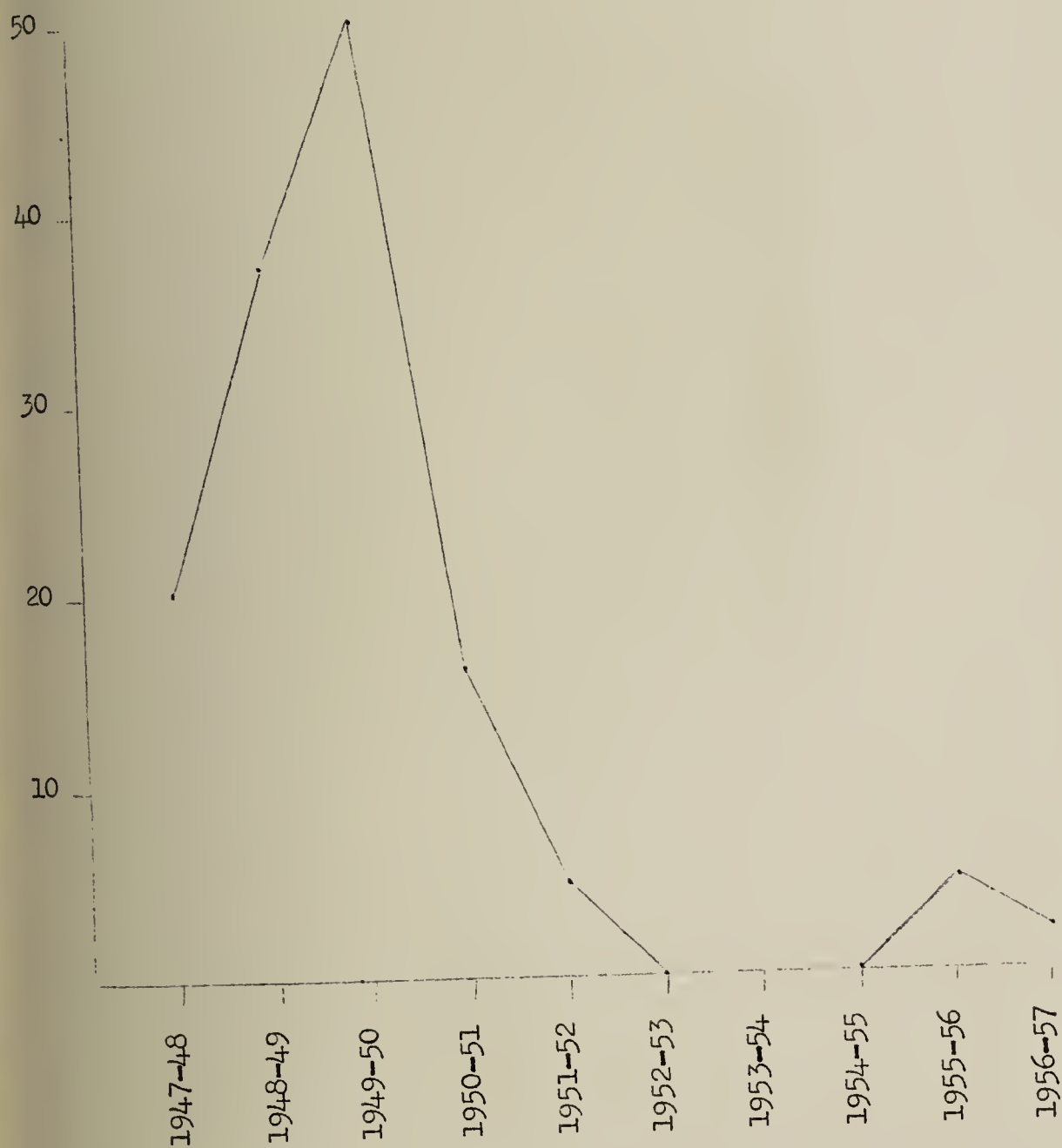
a total of 11,098.

In addition, 3,731 specimens were sent to other laboratories for diagnostic purposes.

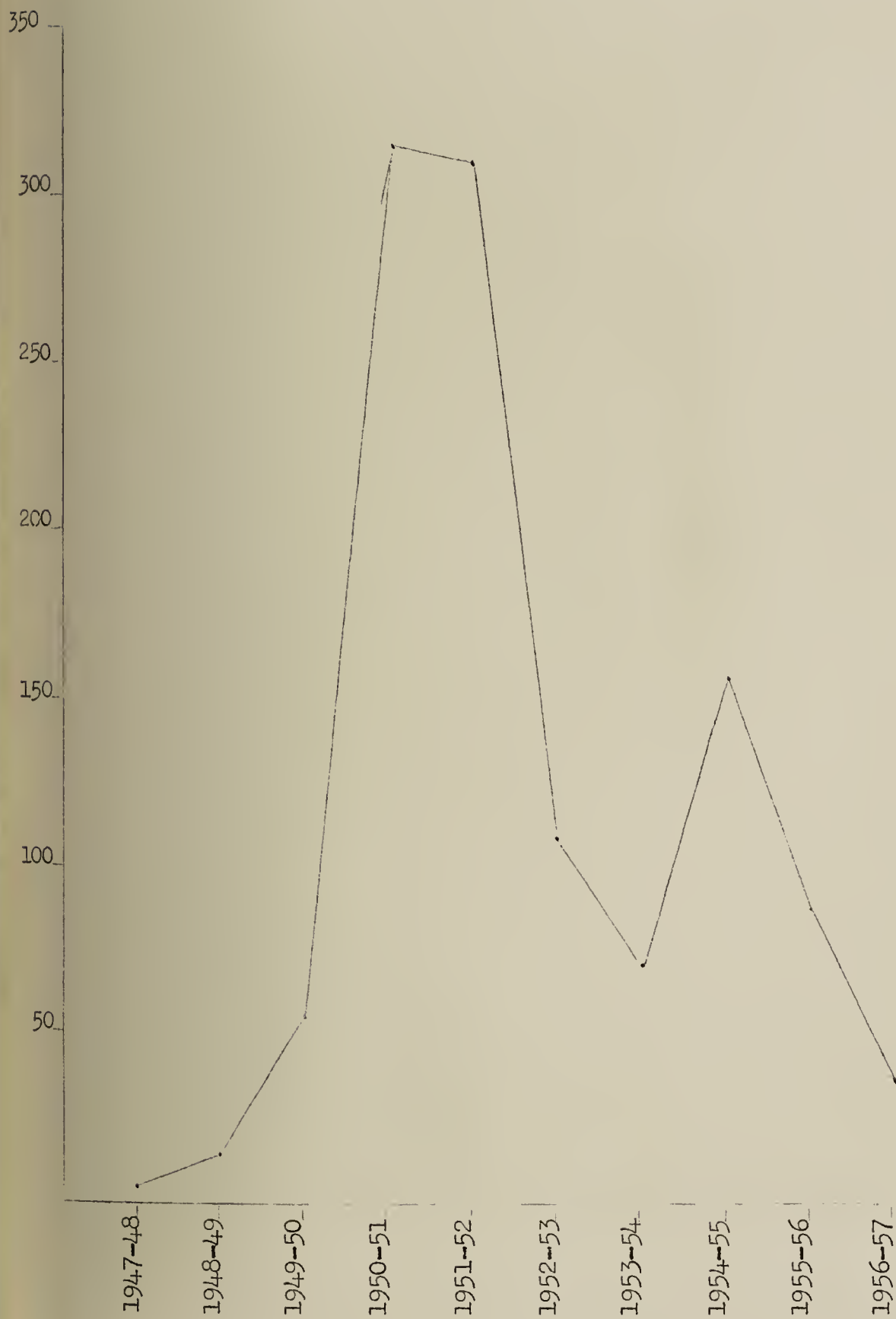
Graph showing ADMISSIONS of INFECTIOUS DISEASES
over a period of 10 YEARS.

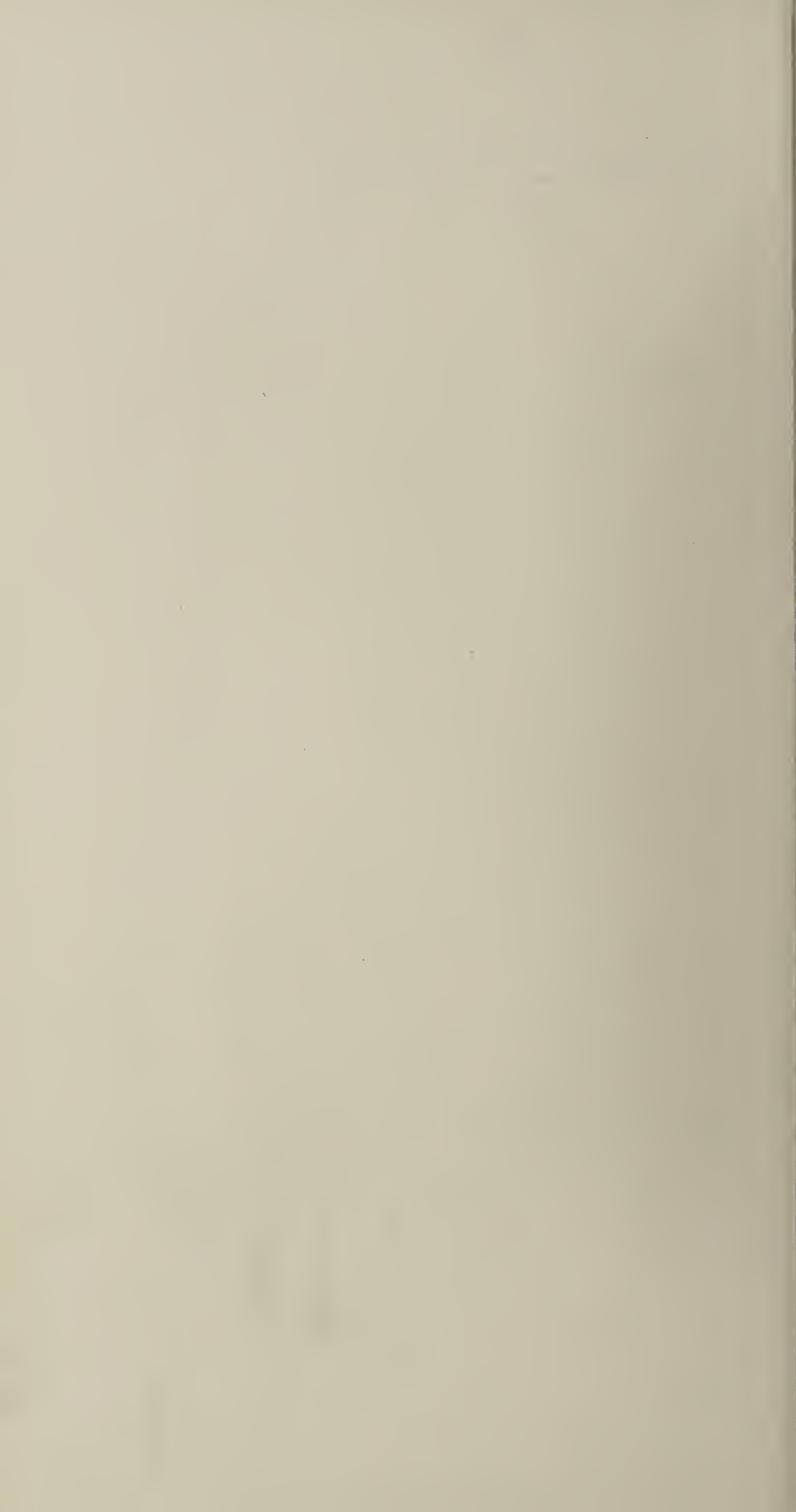


Graph showing ADMISSIONS of cases of
SMALL POX over a period of 10 YEARS.

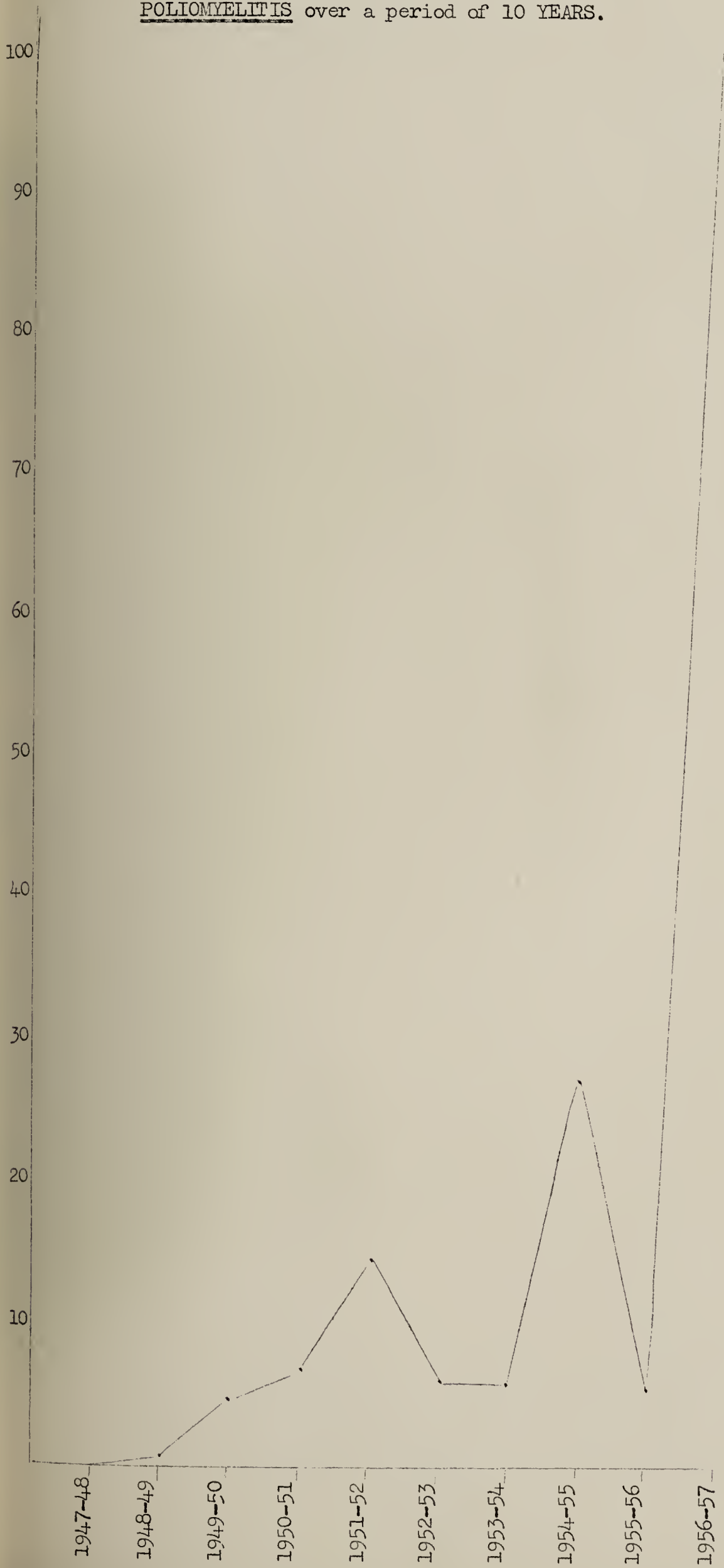


Graph showing ADMISSIONS of cases of
C.S. MENINGITIS over a period of 10 YEARS.





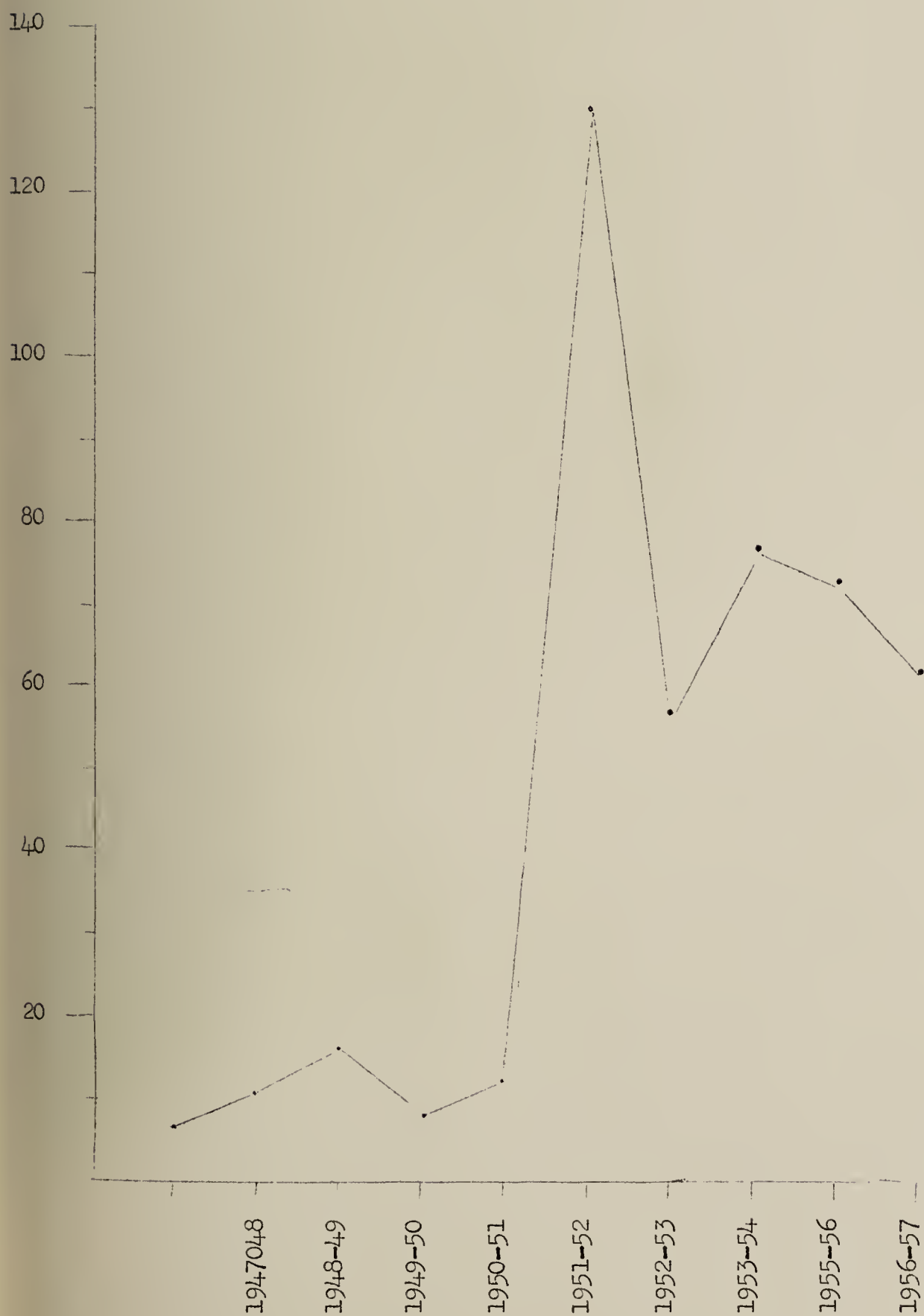
Graph showing ADMISSIONS of cases of
POLIOMYELITIS over a period of 10 YEARS.



Graph showing OUT-PATIENTS treated
over a period of 10 years.



Graph showing ADMISSIONS of cases of
DIPHTHERIA over a period of 10 YEARS.



MUNICIPAL CLINICS.

demand.

The following sections include the work of:

I. the Health Visitors:-

Child Welfare at

Queen Elizabeth Clinic	European
Avondale Clinic	European
Braeside Clinic	European
Eastlea Clinic	European
Gatooma Road Clinic	European
Southerton Clinic	European
Arcadia Clinic	Coloured
Market Square Clinic	Asiatic
Harari Female Dispensary	African
Mabvuku Clinic	African

II. the Harari Male Dispensary

African males.
General Clinics.

Matapi Male Dispensary

African males.

Mbari Dispensary and Sick Bay

African Males.

III. the Harari Female Dispensary

African Women and
Children.

General.

Immunisation.

Child Welfare.

IV. Market Square Clinics

- (1) Examination of African Males.
- (2) African Female Examination
and V.D.

V. Harari and Mabvuku Clinics

African Maternity and
Confinement Centres.
Ante Natal and General Clinics.

VI. the District Nurses:

Domiciliary Nursing Services European, Asiatic and
Coloured.

General Clinics and Ante Natal and Post Natal Clinics.

Market Square Asiatic

Arcadia Coloured

Queen Elizabeth	European (Ante Natal and Post Natal)
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Child Welfare Services.

During the year the high standard of service rendered by the five Health Visitors employed by the Department has continued and certain new aspects of their work have been encouraged. These include the giving of health talks at regular monthly intervals to groups of mothers, together with the showing of health propaganda and health education films.

During the year a new clinic was opened by Councillor Mrs. Chisholm at Avondale to serve the needs of the people of this suburb. It is indeed a worthy addition to the Department's Child Welfare clinics distributed equitably and strategically throughout the City and its suburbs.

The new suburb of Southerton is also now served with a Child Welfare Clinic of its own - the clinic being held in a Council owned house which is rented by this Department.

Special Clinic sessions for immunisation against Poliomyelitis, Diphtheria and Small Pox are held regularly either once or twice a month at each Clinic. P.T.A.P. is now being used instead of A.P.T. for Diphtheria immunisation. The immunisation material is supplied free to the Department by the Government.

Under the Council's subsidised Milk Scheme administered by the Department, needy European, Asiatic and Coloured pre-school age children can obtain a pint of milk per day at a cost to the European and Asiatic parents of 3d per pint and 2d per pint to Coloured people. The Health Visitors use their discretion in deciding which families qualify on economic grounds for the issue of the milk coupons. The need for this subsidised milk is naturally greatest amongst the Coloured people. The number of coupons issued from each Clinic varies enormously according to the economic status of the people living in the area served by the particular clinic; at two clinics no coupons were issued.

The African child or mother can, where it is necessary, obtain milk at $\frac{1}{2}$ d per pint by the issue of coupons from the Harari Female Location Clinic.

The following figures indicate the quantity of milk in pints distributed during the year:

Europeans	- City	2,400 (4,224)
Asiatics	- City	2,736 (2,160)
Coloureds	- City	31,530 (31,588)
Africans	- Harari Township	11,710 (11,466)

There is no doubt that a good Health Visitor is of

incalculable value to any community, as the health and welfare of infants passing through her hands can be improved and helped by her specialised knowledge which she is able to pass on to the mothers through health education.

The following schedule of figures indicates the work performed by the Health Visitors during the year.

Child Welfare Clinics and Home Visits.

The attendances at all Child Welfare Clinics have in most cases increased during the year.

<u>Europeans.</u>	<u>No. of Clinics.</u>		<u>Attendances.</u>	
Queen Elizabeth Clinic	200	(243)	4,165	(4,476)
Eastlea Clinic (Including Pise 3)	148	(99)	2,758	(2,457)
Avondale	91	(50)	1,800	(977)
Highlands	49	(50)	790	(502)
Braeside	97	(94)	2,364	(2,237)
Beatrice Road Cottages	8	(24)	43	(155)
Appointment Clinics	41	(26)	517	(112)
Parktown Clinic	22	(22)	411	(628)
Cranborne Kindergarten School	49	(50)	751	(828)
Gatooma Road Clinic	136	(151)	2,412	(2,421)
Southerton Clinic (Nov.1956 onwards)	26	(-)	369	(-)
<u>Asiatics and Coloureds.</u>				
Market Square - Coloureds	49	(50)	910	(985)
Market Square - Asiatics	48	(46)	851	(718)
Arcadia - Coloureds	70	(46)	2,387	(1,911)
<u>Africans.</u>				
Harari Township	300	(259)	9,662	(8,483)
Mabvuku	49	(46)	2,298	(2,007)
	1,383	(1,256)	32,488	(28,897)

Visits paid by Health Visitors : Within the Municipal Area.

	<u>Europeans.</u>	<u>Coloureds.</u>	<u>Asiatics.</u>
New Births	864 (870)	93 (106)	70 (72)
New Visits	106 (117)	4 (-)	2 (1)
Re-Visits	3,916 (2,993)	226 (195)	144 (139)
Special Visits	292 (219)	6 (12)	1 (1)
TOTAL:	5,178 (4,199)	329 (313)	217 (213)

/Visits

Visits paid by Health Visitors : Outside Municipal Area.

Europeans.

New Births	114	(123)
New Visits	11	(20)
Re-Visits	354	(182)
Special Visits	60	(8)
	539	(333)

Total Visits Paid by Health Visitors : 6,263 (5,058)

Home Visits (by African Staff) Mabvuku.

New Births	534
Re-Visits	136
Special Visits	3,630
<u>Total Visits:</u>	<u>4,300</u>

Diphtheria and Poliomyelitis Immunisation and Vaccination Against Small Pox.

1. <u>Europeans.</u>	No. of <u>Clinics.</u>	No. Imm. (<u>Diphtheria</u>)	No. Imm. (<u>Polio</u>)	No. Vaccin- ated.	Total Attendances.
Queen Elizabeth Clinic	16 (24)	177 (304)	336 (-)	176 (359)	580 (752)
Gatooma Road Clinic	8 (12)	23 (67)	- (-)	39 (78)	81 (161)
Eastlea Clinic	7 (8)	56 (67)	- (-)	84 (52)	153 (142)
Braeside Clinic	8 (11)	38 (56)	- (-)	79 (111)	145 (214)
Beatrice Road Cottages	- (3)	- (20)	- (-)	- (11)	- (31)
TOTAL:	39 (58)	294 (514)	336 (-)	378 (611)	959 (1300)
2. <u>Asiatics.</u>					
Market Square	8 (12)	22 (24)	- (-)	43 (63)	65 (106)
3. <u>Coloureds.</u>					
Arcadia	9 (13)	22 (60)	- (-)	35 (84)	61 (167)
Market Square	8 (12)	4 (23)	- (-)	15 (30)	27 (60)
TOTAL:	17 (25)	26 (83)	- (-)	50 (114)	88 (227)
4. <u>Africans.</u>					
Harari	26 (22)	163 (295)	- (-)	1505 (2548)	852(1468)
Mabvuku	25 (25)	79 (175)	- (-)	415 (645)	369 (625)
TOTAL:	51 (47)	242 (470)	- (-)	1920 (3193)	1221(2093)

/HARARI MALE

HARARI MALE DISPENSARY.

This Clinic is situated in Harari Township near the main Market and serves as an out-patient dispensary for all African males over the age of 12 years.

The Clinic is staffed by four African Male Orderlies under the supervision of a part-time European Clinical Assistant and is visited daily by a Medical Officer of the Department.

In the same building there is also a Dental Clinic, equipped with the most modern dental equipment and a full time Senior Dental Surgeon is in daily attendance. The Africans, i.e. males, females and children in the Township have thus been provided with a first class dental service. This is not a free service but it is subsidised from Native Beer profits.

Medical cases of a less serious nature and minor surgical cases are treated free at this Dispensary. Seriously ill patients are referred to the General Hospital for treatment or to the Native Infectious Diseases Hospital if they are suffering from the more serious infectious diseases.

The following figures indicate the work carried out at the Clinic during the year.

No. of new Medical and Surgical Cases (excluding V.D. Cases)	17,872	(17,690)
Total Attendances	*81,980	(67,041)

*This includes repeat attendances the same day for treatment, medicines, etc.

Dental Clinic:

	<u>Inspections.</u>	<u>Extractions.</u>	<u>Fillings.</u>	<u>Dressings.</u>
March - June 1956	452	332	27	75
July 1956 - June 1957	2,265	2,058	134	187

MATAPI (NATIVE URBAN AREA NO. 3)
MALE DISPENSARY.

This Clinic, which is housed in an imposing building, offers free out-patient dispensary services to the large number of single African males accommodated in the large Hostel blocks in the immediate vicinity. The Clinic is staffed by one African Male Orderly and is visited by the Senior Clinical Assistant twice daily. Cases requiring the services of a Doctor are referred to the Male Dispensary Clinic. The majority of patients attend the Clinic early

/In

in the morning before going to work or on their return to the Hostels in the evening.

The following figures indicate the work carried out at this Clinic during the year:-

No. of New Medical and Surgical Cases (excluding V.D. Cases)	4,032 (3,575)
Total Attendances	*21,658 (15,534)

*This includes repeat attendances the same day for treatment, medicines, etc.

MBARI HOSTEL CLINIC AND SICK BAY.

In the Mbari Hostel, in the Harari Township, this Department operates an out-patient Clinic and 20 bedded sick bay for Council's African employees which number approximately 5,000. This is staffed by three African Male Nursing Orderlies who each work an eight hour shift, and who are supervised by an European Clinical Assistant. In addition, this Clinic is visited daily by a Medical Officer of the Department.

All male Municipal employees who fall ill report to this Clinic where they are either treated as out-patients, admitted to the sick bay or, if necessary, referred to the General Hospital. In addition to minor surgical conditions, treated as either in or out-patients, illnesses such as Pneumonia, Influenza, Bilharzia and the minor infectious diseases are treated in the sick bay. This treatment "on the spot" instead of referring all sick patients to the Native Hospital, has considerably reduced the days off per sick African, as the following figures indicate:-

	<u>Average Total Strength of African Employees</u>	<u>Mean of Daily % average of total strength sick & injured.</u>	<u>Average days off per sick African.</u>
1948 (Jan - Dec)	2,668	1.72	7.12
1949 (Jan - Dec)	3,936	1.02	6.50
1950 (Jan - June)	3,087	0.70	6.05
1950 (July - Dec)	3,233	0.70	6.27
1951 (Jan - June)	3,352	0.47	6.35
1951 (July - Dec)	3,762	0.49	5.70
1952 (Jan - June)	3,492	0.41	5.60
1952 (July - Dec)	3,638	0.31	4.55
1953 (Jan - June)	3,361	0.36	5.41
1953 (July - Dec)	3,877	0.50	5.66

/1954

	<u>Average Total Strength of African Employees</u>	<u>Mean of Daily % average of total strength sick & injured</u>	<u>Average days off per sick African.</u>
1954 (Jan - June)	4,444	0.47	6.05
1954 (July - Dec)	4,776	0.39	5.13
1955 (Jan - June)	4,502	0.38	5.85
1955 (July - Dec)	4,769	0.32	6.16
1956 (Jan - June)	4,817	0.33	5.38
1956 (July - Dec)	4,809	0.46	6.11
1957 (Jan - June)	4,826	0.35	6.06

The following figures indicate the number of general medical and surgical cases attended to during the year:-

No. of cases Admitted to Hostel Sick Bay	758	(672)
No. of cases Transferred to Native Infectious Diseases Hospital	62	(19)
No. of cases Transferred to Government Hospital	244	(173)
No. of Working Out-Patients	6,062	(5,026)
Total No. of new Cases Treated	7,116	(5,890)
Total No. of Attendances	*36,565	(18,637)

*This includes repeat attendances the same day for treatment, medicines, etc.

Routine medical examination of all new male African recruits and their re-examination at regular intervals is also carried out at this Clinic by the European Clinical Assistant. This examination is more comprehensive than the one carried out on non-Municipal Africans, since it covers the question of disability and suitability for a particular type of employment.

During the year the following number of medical examinations and vaccinations against Small Pox were carried out:-

No. of Africans examined	10,290	(9,278)
No. of Africans Vaccinated	1,130	(2,427)

HARARI FEMALE DISPENSARY.

The new Reception Hall which was constructed during the year has been of great benefit in regard to accommodating some of the seething mass of women and children attending these Clinics from 8 a.m. daily.

The staff, Medical Officer, European Sister in Charge and the 10 African Nurses, all are engaged at full pressure from 8 a.m.

/until

until 10.30 a.m. or 11 a.m. when there is a gradual decrease in the numbers requiring attention.

All attending patients are issued with index cards and medical history sheets. Temperatures are taken and the Senior African Nurse arranges the sorting out of patients for the various departments.

These separate parties of patients are directed to the rooms or departments concerned and there wait their turn.

A nurse interpreter attends the Medical Officer and the European Sister.

In addition to those attending the General Clinics, one also experiences crowded rooms at the special clinics for Small Pox, Diphtheria and Whooping Cough vaccination, Mantoux testing and B.C.G. vaccinations.

1. General Clinics.

The General Clinics have been well attended throughout the year, apart from the twice yearly intervals with the usual large exodus of mothers and children to the Reserves for planting and reaping.

On the whole the numbers show a slight decrease from last year, possibly for the following three reasons:-

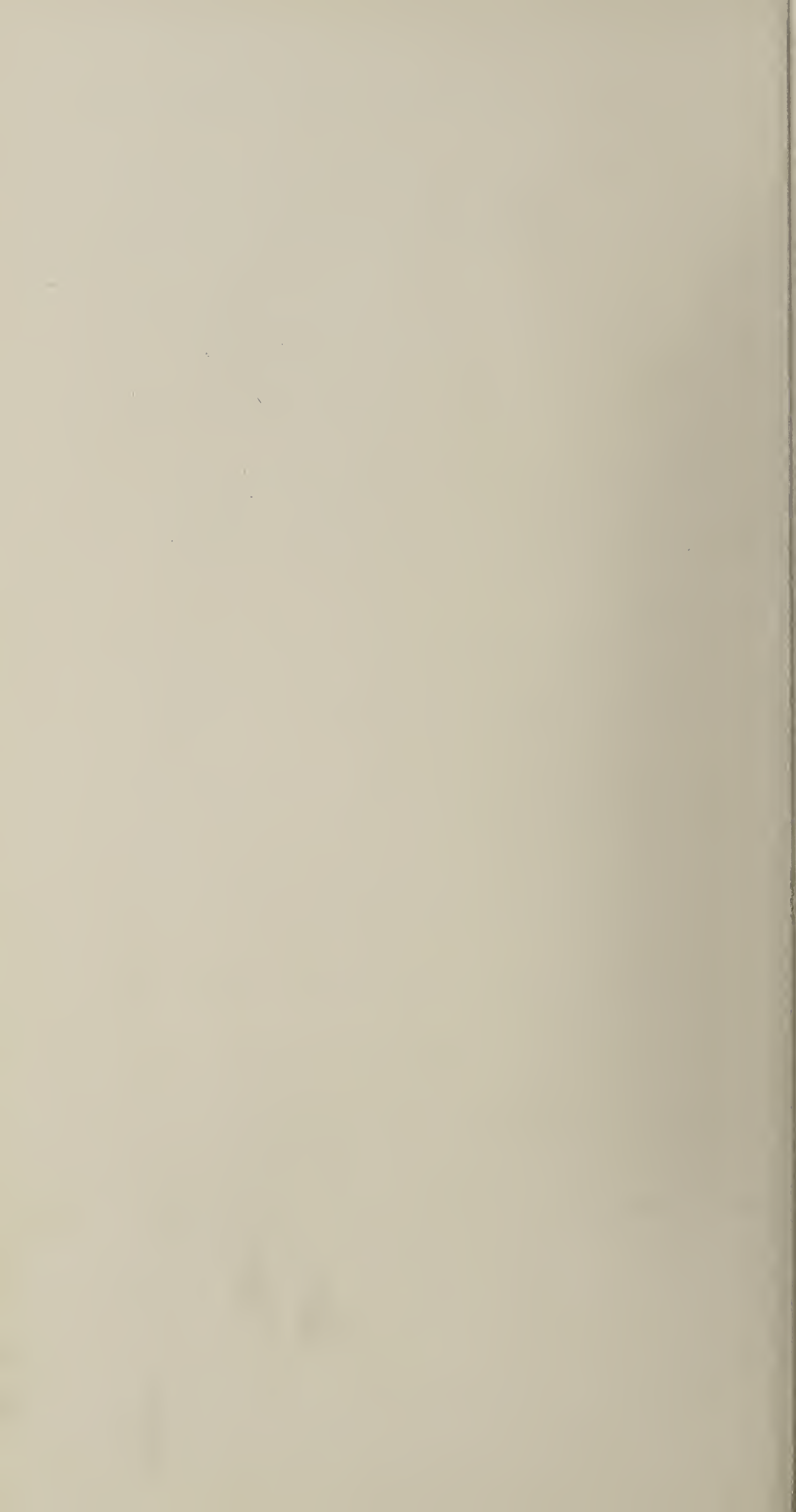
- (a) the availability of the new Out-Patients Department at the Harari Government Hospital adjacent to one part of the Township;
- (b) the possible increased tendency to seek treatment from private doctors;
- (c) the slight decrease in incidence of illness.

The decrease in serious illness is very noticeable, e.g. Broncho and Lobar Pneumonia, Meningitis, Encephalitis.

On the other hand Enteritis and Gastro-enteritis in infants and children are markedly prominent and occur in large numbers now throughout the year. The difficulty in treating these cases without the availability of skimmed milk (powder or liquid) at a cheap price is a great deterrent to their recovery.

2. V.D. Clinics.

The incidence of Venereal Disease at all clinics is very much less. Probably the recent methods of treatment and prevention by the more efficacious type of antibiotic used accounts for this improvement.



3. Prophylactic Clinics.

The Prophylactic Clinics (Diphtheria, Small Pox, Poliomyelitis) are not as well attended as they might be in spite of much propoganda, broadcasting, etc. This is partly due to the fact that large numbers of women and children are passing to and from the Reserves and elsewhere and, as a result, the population is far from being a stable one.

4. Tuberculosis.

The incidence of Tuberculosis has not been noticeably increased in these clinics, and is most frequently detected amongst children who have been 'isolated' in the Reserves and been brought back to the Location only when very ill.

General Clinical Return: Non V.D.

No. of New Medical and Surgical Cases	12,502	(14,068)
Total Attendances	92,219	(93,961)
Domiciliary Visits Paid	1,680	(2,726)

Venereal Diseases.

No. of Clinics	128	(147)
No. of Positive Cases	83	(157)
Injections	365	(637)
Total Attendances	4,446	(4,548)

Immunisation:

Diphtheria.

No. of Clinics	26	(22)
No. Immunised (total course)	163	(295)

Small Pox.

No. Vaccinated	1,505	(2,548)
Total Attendances	852	(1,468)

Poliomyelitis.

No. of Clinics	3	(Nil)
No. Immunised	280	(Nil)

Tuberculosis Prophylaxis.

No. Mantouxed	1,941	(2,567)
No. B.C.G.	802	(1,249)

Ante Natal Clinic.

No. of Clinics	418	(396)
New Attendances	2,042	(1,415)
Total Attendances	8,922	(7,505)

MARKET SQUARE CLINICS.

Examination of African Males.

The statutory regulations wherein it was required that the African employee be medically examined every six months, has been altered to once every year.

The numbers examined nevertheless remain still in astronomical figures. All of these are Mantoux tested, by skin injection, when they first apply for permission to seek employment. These tests are read three or four days later. Positive reactions indicate some degree of natural immunity to Tuberculosis. Negative reaction cases are given a protective inoculation by skin injection of the B.C.G. vaccine, now using the Glaxo Freeze Dried preparation in lieu of the former Danish preparation. This inoculation leaves a small $\frac{1}{4}$ inch scar not unlike the scar of Small Pox vaccination and, in order to obviate any confusion at a later stage, i.e. where a Mantoux negative case has had a B.C.G. inoculation and yet is still Mantoux negative one year or more later, the Government has been asked to require all Small Pox vaccinations to be on the left arm. All B.C.G. inoculations have been done on the right upper arm.

The Glaxo preparation is much more economical than the Danish preparation. The latter was put up in vials to inoculate fifty persons and once opened - for, say, 2 or 3 cases - could not be kept for more than an hour or two. The dry preparation is made up in vials to serve 10 cases only, so that the unavoidable wastage is considerably less.

Where formerly we had to depend on the African's integrity and intelligence to actually attend our Clinic when sent to us from the Native Affairs Department across the way, we found that many were overlooked or avoided the needle simply by walking back again.

Co-operation over this leakage was willingly given by the Native Affairs Department and now no African is given a situpa and permission to take up employment until he has had his Medical Examination Certificate stamped with "M" (Mantoux positive) or "B.C.G." (Mantoux Negative and inoculated) and "Medically Fit".

In this way it was hoped to obtain a 100% coverage with this protective measure. In spite of this apparently fool proof grip on the situation, it will be noted that 18,277 did not return to have the Mantoux tests read, out of 102,194 who were Mantouxed. The Native Affairs Department state that these Africans have not been

issued with permission to take up employment, so that one must conclude the employers have accepted these Africans without full registration if in the Municipal Area, or that many have obtained employment in the peri-urban townships or that many have returned whence they came.

There is, of course, still another explanation of the difference between the figures of Mantoux tested Africans and the total figures of Africans medically examined, in that many come for examination on change of employment or at the request of an employer - re a suspicion of disease - and it is found in these cases that the individual had already been Mantoux tested within the year. There are also some firms which require examination of their Native employees on the site and, because of shortage of staff, it was not found possible to make two visits to these, i.e. Medical Examination and Mantoux testing at one visit and three days later another visit re Mantoux reading and, where necessary, B.C.G. inoculation.

There are daily demands on the staff at the African Male Clinic, both by individual Europeans on their own behalf, and by Europeans for their African employees, for treatment of minor injuries or ailments, i.e. first aid. The staff try to cope and, where there is no doubt of the necessity of medical care, these cases are advised to see their doctor or go to the General Hospital. The majority, however, could be dealt with on the spot with a simple first aid measure such as an antiseptic dressing, an aspirin, etc. In the near future consideration will be given to providing this service on a more satisfactory basis.

Small Pox Vaccination.

Approximately 40% of the total are also vaccinated against Small Pox. This should give some idea of the volume and value of the work carried out by the Clinical Assistant Staff at the Market Square Clinic or at the places of employment of the African in the City or in the industrial sites. Also included are the women (nannies) examined and vaccinated by the Clinical Medical Officer and Sister at the Market Square Female Clinic.

/MEDICAL

MEDICAL EXAMINATION OF AFRICANS.

	<u>Number of Africans Examined.</u>		<u>Number of Africans Vaccinated.</u>	
Males - Market Square	94,268	(147,838)	45,391	(53,443)
Males - Avondale	4,626	(6,200)	3,192	(4,285)
Males - Harari Hostel	10,290	(9,278)	1,130	(2,427)
Males - Outside Examination i.e. at place of employment	14,261	(24,150)	5,050	(8,834)
Females - Market Square	1,704	(2,098)	1,704	(2,098)
	125,149	(189,564)	56,467	(71,087)

To assist employers of large numbers of Africans in commerce and industry, arrangements have been made for them to be examined at their place of employment. It will be noted that 14,261 such examinations were carried out during the year, though the vast majority of examinations, 94,268 were performed at the Market Square Clinic.

During the course of the year, 438 (247) suspected cases of Infectious or Contagious Diseases were discovered at these medical examinations as compared with 247 in the previous year. The total includes 217 (88) cases of Leprosy, 193 (89) cases of Scabies, 4 (3) cases of Pulmonary Tuberculosis and 7 (33) cases of Chickenpox. During the same period four hundred and eighty two (482) (~~976~~) suspected cases of venereal diseases were found and brought under treatment, a decrease of 494 (~~462~~) over last year.

Market Square Clinic. African Female.

The African Female Clinics at Market Square (Nannies) continue to be well attended. It is noticeable that the influx of new cases for examination is very marked (from Nyasaland, the Union and Midlands, etc.) whereas the numbers seeking the necessary annual re-examination are very much less.

At the female medical examination 139 (244) suspected cases of venereal diseases were found and brought under treatment.

MANTOUX TESTS (JULY 1956/JUNE 1957)

	No. Mantoux	No. Negative	No. Positive	*No. 15 MM+ Positive	Total Positive	No. B.C.G.	No. Absent
<u>MARKET SQUARE.</u>							
Female	1647	518	919	-	919	502	210
<u>HARARI FEMALE DISPENSARY.</u>							
Children: 0 - 5 years	734	404	42	-	42	404	288
5 -10 "	223	105	21	-	21	105	97
10 -15 "	69	24	8	-	8	24	37
Adults:	915	269	241	-	241	269	405
<u>HARARI HOSTEL DISPENSARY.</u>							
African Males (Temporarily Suspended 20.8.56.)	403	78	217	-	217	78	108
<u>AVONDALE PASS OFFICE.</u>							
MARKET SQUARE.	2926	553	1683	405	2088	553	285
African Males	91120	15306	55814	3419	59233	15306	16581
<u>OUTSIDE FIRMS.</u>							
September 1956 - 1st March 1957 (Suspended)	4157	684	2671	536	3207	684	266
	102,194	17,941	61,616	4,360	65,976	17,925	18,277

*Those with a reaction of 15 mm+ (Mantoux) were at first referred for further examination and X-Ray of chest.
No particular significance was discovered re the presence of active Tuberculosis and this was then dropped.

HARARI CONFINEMENT CENTRE.

As reported in the previous report:

"Ever since the closing of our own 20 bedded Maternity Hospital in Harari Township five years ago when the Government Maternity Hospital was opened, it has been felt that there was an urgent need for a domiciliary midwifery service or preferably the establishment of a Confinement Centre in Harari Township.

Efforts to establish such a centre last year proved unsuccessful as the Federal Government, owing to financial stringency, was unable to assist in the financing of a Confinement Centre scheme. However, this year the Government agreed to offer financial assistance and a start will be made very early in the new Municipal year to build a Confinement Centre in Harari. The Confinement Centres in Harari and Mabvuku Township will help very considerably in relieving the pressure on the already overburdened Government Maternity Hospital as all normal cases will be confined at these Centres and only abnormal or complicated cases will be referred to this Hospital. In addition the handling of maternity cases in this way should show a considerable financial saving to the Government and taxpayers."

Construction work on the Confinement Centre and African staff quarters for the midwives to be employed therein was completed in the previous year and the first cases were admitted in July, 1956.

During the year a total of 1,134 women were confined in the Centre and the following information with regard to these cases is recorded.

Number of live births	1,125
Number of still births	9
Number of deaths of babies	2

There were eleven (11) premature births and four sets of twins born in the Centre.

The number of cases transferred to the Government Harari Maternity Hospital either before or after labour was 195 and the reasons for their transfer are noted below:

Delayed labour	26
Premature infants	18
(Obstructed) Breach presentations	11

/Foetal

Foetal distress	6
Perineal tears 2nd and 3rd degree	6
Twins	
Transverse presentation	4
Face presentation	3
Asphyxia of infants (not responding to treatment)	10
Post partum haemorrhage	6
Ante partum haemorrhage	2
Prolapsed Cervix	1
Prolapsed cord	2

The total cost of operating the Centre during its first year of operation was approximately £1,780.

It should be appreciated that the work in the Clinic is carried out by African Nurses holding a non-registerable midwifery qualification working under the direction of an African Nurse with a registerable qualification, and that no doctor carried out midwifery duties although the Centre is under the general supervision of a Clinical Medical Officer and European Sister of this Department.

MABVUKU (DONNYBROOK DISPENSARY, CLINIC
AND CONFINEMENT CENTRE.

This Centre continues to provide a service to the Township which is situated twelve miles from Salisbury. The services consist of general out-patient dispensary services, ante and post natal clinics, immunisation facilities against Diphtheria and Whooping Cough and Small Pox, and an in-patient maternity service.

During the year the City Council agreed to the services at the Mabvuku Clinic being made available, on a fee paying basis, to the large cement industry which is developing nearby during the period of construction.

The general health in this "country" community seems to be much better than in the overcrowded Harari Location. Unfortunately, further residential accommodation in this Township cannot be provided until a waterborne sewerage scheme has been constructed.

The Confinement Centre here is well supported, but here also prophylactic clinics are not well attended.

Poliomyelitis.

Several cases of Poliomyelitis in young children occurred during October - February.

/General

General Clinic.

No. of Clinics	365
New Medical and Surgical cases	626 (650) males.
New Medical and Surgical cases	<u>5,025</u> (4,025) females.
Total:	<u>5,651</u>
All Attendances	2,369 (2,603) males.
	<u>42,211</u> (33,138) females.
Total:	<u>44,580</u>

Immunisation: Diphtheria and Small Pox.

No. of Clinics	25 (25)
No. immunised (total course)	79 (175)
No. vaccinated	415 (645)
Total Attendances	360 (625)

Ante Natal.

No. of Clinics	93 (98)
New Attendances	331 (353)
Total Attendances	1,873 (1678)

<u>Confinements:</u>	244 (245)
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WORK OF DISTRICT NURSES.

Domiciliary Visits.

Two qualified sisters are employed on this work.

Normal domiciliary district nursing work amongst the European population is undertaken by one District Nurse, the other confining her activities to district nursing work amongst the Coloureds, the Coloured and Asiatic General Clinics and the European, Coloured and Asiatic Ante and Post Natal Clinics. The latter is also able to assist the former in times of epidemics and also for relief off duty times, at nights and on weekends and public holidays.

The service is at the disposal of any of the doctors practising in the Municipal Area, also the Government doctors in the case of old age pensioners and services personnel living within the City confines.

The duties consist of general nursing care visits, bathing helpless patients, prevention of bed sores with chronic invalids, injections including night visits for same, preparation of patients for Barium X-Ray examinations and other procedures at the General Hospital, and many other similar tasks.

To relieve the demand for beds at the hospitals or nursing

/homes

homes, the District Nurse frequently is called upon to take over the nursing duties and treatment of patients recovering from illness or operation.

The nursing care of many elderly and chronic invalids (carcinoma, etc.) is carried out and this frequently requires more than one visit per day.

European Ante Natal Clinic: Queen Elizabeth Clinic.

The ante natal European attendances at the Queen Elizabeth Clinic are increasing and it has been found convenient to make this a weekly clinic (Wednesdays at 11 a.m.).

The clientelle appear to be very appreciative of the facilities at the Clinic and a few are now requiring our Municipal Sister to attend them in their own homes for their confinements and, of course, during the puerperium.

Liaison with Government Hospitals.

Close co-operation exists between the staff and that of the Lady Chancellor (European) and the Princess Margaret (Asiatic and Coloured) Hospitals, thus securing continuity of nursing care.

These Hospitals discharge their cases at the earliest opportunity and ask the Municipal Sister to carry out any attention required in the patient's home. Umbilical cord and circumcision dressings for the babies are the main work performed by the Sister.

Queen Elizabeth Clinic: European.

Ante and Post Natal.

No. of Clinics	34	(21)
No. of new attendances	37	(16)
Total attendances	157	(64)

Arcadia - Coloured.

Ante Natal.

No. of Clinics	87	(51)
No. of new attendances	26	(43)
Total attendances	145	(181)

General.

No. of new cases: Male	128	(16)
Female/Children	177	(195)
Total attendances: Male	2,408	(173)
Female/Children	2,704	(904)

/Market Square

Market Square.

Ante Natal Coloured.

No. of Clinics	86	(53)
No. of new attendances	13	(33)
Total attendances	40	(104)

Ante Natal Asiatic.

No. of Clinics	46	(53)
No. of new attendances	20	(62)
Total attendances	88	(195)

General - Coloured and Asiatic.

No. of new cases: Male	90	(7)
Female/Children	109	(166)
Total attendances: Male	399	(16)
Female/Children	697	(829)

General Visits and Confinements.

	No. of Confinements.		VISITS PAID			
			<u>Ante Natal</u>	<u>Post Natal</u>	<u>General</u>	<u>Total.</u>
Europeans	6	(6)	88 (79)	1,316(1,295)	4136(6287)	5540(7661)
Asiatics	12	(22)	86 (57)	335 (403)	236 (154)	657 (614)
Coloureds	6	(16)	62 (76)	321 (333)	138 (978)	521(1387)
Totals:	24	(44)	236 (212)	1,972(2,031)	4510(7419)	6718(9662)

SUBSIDISED MILK AND MEALS SCHEME.

Under the Subsidised Milk Scheme administered by this Department, European, Coloured, Asiatic and African children up to the age of five years whose parents require assistance are able to obtain one pint of milk per child per day, or a suitable baby food, at subsidised rates.

The following figures indicate the quantity of milk in pints distributed during 1956/57:-

Europeans - City	2,400	(4,224)
Asiatics - City	2,736	(2,160)
Coloureds - City	31,530	(31,588)
Africans	8,640	(11,466)

In addition, 11,710 (8,575) lbs. of a dried baby food prepared especially for Africans were sold.

/The number

The number of meals sold under the Council's subsidised meal scheme to African School children in Harari Township once more shows a spectacular increase over last year's figures. This is due to the fact that the Native Administration Department, which administers the scheme, has brought into operation its new "Soup" kitchens.

These "Soup" kitchens should be an insurance in combatting the spread of Tuberculosis in pre-school and school children in the City.

The following table shows the number of subsidised children's meals distributed in Harari Township since its commencement in 1942/43.

1942/43	.....	19,194
1943/44	.....	73,497
1944/45	.....	80,164
1945/46	.....	78,485
1946/47	.....	42,600
1947/48	.....	69,415
1948/49	.....	51,275
1949/50	.....	46,390
1950/51	.....	79,785
1951/52	.....	65,752
1952/53	.....	84,092
1953/54	.....	13,665
1954/55	.....	12,958
1955/56	.....	166,972
1956/57	.....	263,852

THE ARCADIA COLOURED CRECHE.

A Creche, catering for approximately 90 children a day, minimum of 120 on register, is run by this Department in the suburb of Arcadia for the benefit of the Coloured community. This Creche is staffed by a trained European Superintendent Matron and Matron who are assisted by four Coloured women as helpers. The Creche is serving a very definite need amongst the Coloured people as in a very large number of families, through economic necessity, both parents are compelled to go out to work - it is of very considerable comfort and assistance to them to know that their children are being well cared for in their absence. A nominal fee of sixpence per child per day is made. The cost of running the Creche is borne by the Council and Government, each bearing 50% of the annual deficit.

/The

The children spend the whole day at the Creche and, in addition to mid-morning and afternoon cocoa in the winter or orange juice in the hot weather, each child receives a nourishing mid-day meal of meat or fish with vegetables and a pudding. All food is prepared on the premises under the direct supervision of the Superintendent Matron.

The Governor of Southern Rhodesia and his lady, Sir William and Lady Peveril Powllet, visited the Creche in January, 1957. The Coloured community rose to the occasion and all the children were beautifully turned out.

The Creche was repainted throughout during the year.

The general health of the children visibly improves soon after enrolment. Cod Liver Oil is given during the winter months.

Total attendances from July, 1956, to June, 1957:		
		Previous year.
July 1956	1,814	(1,661)
August	2,096	(1,935)
September	1,769	(1,993)
October	2,090	(2,076)
November	2,110	(2,406)
December	1,772	(2,187)
January, 1957	1,949	(2,017)
February	1,879	(2,158)
March	2,134	(2,109)
April	2,040	(1,907)
May	2,209	(1,797)
June	1,717	(1,856)

ADMINISTRATION.

This is the second complete financial year during which this Department has administered the Licence Control Act. A schedule of the types and number of Licences dealt with is submitted below, with comparison of the previous year, and serves to indicate the considerable growth in the number of businesses being opened in the City. Dealing with these applications, collecting the various reports on each applicant and submitting the schedule to Council with recommendations entails a very considerable amount of detailed work.

/LICENCE CONTROL

LICENCE CONTROL ACT, 1954.

APPLICATIONS DEALT WITH FOR YEAR ENDING 30TH JUNE, 1957.

Approval of Manager	36	(28)
Authorised Seller of Poisons Licences	6	(3)
Auctioneer's Licence	1	(1)
Baker's Sale Licences	-	(4)
Baker's Licence	1	(3)
Butcher's Licences	14	(7)
Fishmonger's Licence	8	(4)
General Dealer's Licence	419	(394)
Gunpowder, Firearms & Explosives Licence	2	(1)
Hawker's Licences	34	(83)
Wholesaler's Licences	<u>122</u>	(89)
	<u>643</u>	(617)

ENVIRONMENTAL HYGIENE AND CLEANSING SERVICES.

Extracts from Chief Health Inspector and
Cleansing Superintendent's Report.

In August, 1956, the "Chief Health Inspector and Cleansing Superintendent" returned from Europe after a six month's travelling Fellowship sponsored by the World Health Organisation.

He visited the United Kingdom, Holland and Switzerland studying environmental control and public cleansing, he attended several congresses including that of the Royal Society of Health at Blackpool and that of the Institution of Public Cleansing at Eastborne.

The City still continues to grow at a phenomenal rate. Without touching the statistical side some indication of its growth can be gauged from the fact that for the whole of the Union of South Africa the building plans passed by Local Authorities for a given period during the year was only four times that of Salisbury for the same period.

With this growth, the calls and demands on the Section continue to increase. It is perhaps worthy of notice that the City, due to the vigilance of its inspectorate staff, is completely free of "shanties" or any "shanty town". Any structures of this type observed are dealt with at once and are promptly demolished.

/STAFF

STAFF.

For the first time for some years it is possible to state that the inspectorate staff is up to full establishment. Two health inspectors were recruited from the United Kingdom and they commenced duty in March, 1957.

It is possible that the present establishment is not sufficient numerically to fully carry out the duties and responsibilities of the Section, but on analysis it is a question of the standard of service or amount of attention expected by or given to the public. It would appear that with the growth of the City it is no longer economically possible or necessarily desirable that residential areas need receive the attention that it has been customary to give them in the past. The question of concentrating on the more important items of environmental hygiene must be considered and matters such as food hygiene and health education must, it is believed, receive priority in the future, and it is accordingly viewed, therefore, that the environmental health section must rather concentrate on the quality of the service given rather than the amount of service given.

Two properly trained and qualified African health aids have been recruited and are giving useful service amongst their own people in the Native Areas. It is intended to recruit an additional African to assist the European staff in connection with food hygiene and the health education of the African employed in the various food industries.

LEGISLATION.

With changing conditions, latest knowledge and experience gained by others it becomes necessary to periodically revise legislation, and the bye-laws controlling food establishments, handling of food and licensed premises have been completely redrafted, considered at regular meetings of the inspectorate staff and are now awaiting finalisation before submission to Council for approval and promulgation.

The bye-laws, it is considered, are of a very high standard particularly in regard to the food handling aspect, and embody what is believed to be the best of comparable legislation both in the United Kingdom and Southern Africa.

No legislation of importance has been promulgated during the period under review.

PROSECUTION.

During the year it has been necessary to resort to Prosecution in a considerable number of instances. The Department

/does

does not favour this procedure as to some extent it is an indication of failure, but where requests to abate nuisances and flagrant disregard of byelaws is evidenced there is no option but to carry out legal proceedings if the community is to be protected against the individual who is not a good citizen.

INFECTIOUS DISEASES.

All cases of infectious disease notified are investigated with particular regard to environment. In general, the non-environmental diseases are investigated by a nursing sister; if she, in the course of her enquiries, observes any undesirable conditions, structural or otherwise, these are reported and investigated by the District Inspector.

Investigations in regard to tuberculosis are not confined to the patient's home; attempts are now being made to carry the investigation further and a check up is made at his place of work with particular emphasis on the proximity of fellow workers, but with the proneness of the African worker to spend very short periods in a particular job it is possible that this research channel may not be of any real value, but the enquiries will be persevered with until proved of no significance.

LICENSED PREMISES.

Routine and regular inspections are carried out at all types of licensed premises throughout the year by the district inspectors.

All premises which need to be registered or licensed under the byelaws or Statute are inspected by the Licence Inspector in regard to their fitness structurally; the types of premises inspected include aerated water dealers, animal keepers, auctioneers, bakeries, bars, butcheries, clubs, fishmongers, fish friers, fruit and vegetable dealers, general dealers, hairdressers, hotels, boarding houses, ice factories, mineral water factories, laundries, Native eating houses, street food vendors, tea rooms, restaurants and wholesalers.

No liquor licence is issued by the Liquor Licensing Board until the requirements of the Department have been met and an inspector from the Department is always present when the Board meets to consider hotel, restaurant, bar, club and bottle store licences. The structural and other standards laid down by the Board are exacting.

STREET FOOD VENDORS.

The various types of street food vendors continue to

/exercise

exercise the attention of the Department, the Council and the public. The types of vending may be divided into two broad groups:-

- (a) Fruit and vegetable dealers.
- (b) Food and drink dealers catering in the main for the African trade.

The fruit and vegetable dealers constitute a problem for which it is most difficult to find a solution. Certain localities of the City, including the main roads, have been defined as prohibited areas in which they may vend; they are, however, free to hawk, that is, move from house to house, throughout the Municipal Area.

The amount of hawking carried out is almost negligible, a position which has arisen over the years due to changing economic and social conditions - a hawker calling from door to door under present circumstances is unlikely to find more than a very small percentage of housewives at home as so many married women are in employment. Consequently the fruit and vegetable vendors take up strategic positions to do business on the periphery of the City to trade with persons returning home from their place of business.

Aesthetically this type of trading leaves much to be desired and established businesses in fixed premises consider that they are being subjected to unfair competition.

It will be seen that the problem is not easy of solution, as total prohibition of this form of trading may be construed to be a hardship on certain sections of the community, although this Department cannot support any forms of street trading.

In an endeavour to improve the situation, and merely as a palliative, the Department has insisted on improved standards in regard to the vendor's carts.

The food and drink dealers, known as street food vendors, constitute a completely different problem and this Department has always registered complete opposition to them; quite apart from any other view point the question of public health is of importance. The lack of good hygienic standards calls for no comment, and the dietetic value of the food offered is low, particularly when viewed economically in that the poorest section of the community patronise these stalls and receive for their money bakery produce and aerated waters.

After years of opposition to and protest against this form of trading by the Department, the Council have recorded that this

/type

type of business is undesirable and should be prohibited and that provision for obtaining meals should be made from fixed premises. The Government have agreed with this decision but will not proceed further in the matter until satisfied that alternative facilities exist. It now remains to provide these facilities by means of private enterprise after the necessary sites have been provided; unfortunately private enterprise does not appear to be interested so a position of stalemate has been reached.

This policy has also been accepted in regard to the Native Areas, and it has been resolved by Council that the responsible officials choose suitable sites in the Harari Township for the erection of suitable structures with the necessary hygienic adjuncts.

SUPERVISION OF FOODSTUFFS.

Regular and routine inspections have been maintained by the inspectorate staff over all aspects of food production and sale.

It is intended, during the coming year, to commence an intensive food hygiene programme and enlist the aid of all concerned with food manufacture and sale.

As has been mentioned elsewhere, it is in food hygiene that there is a tremendous field of endeavour. To attain real improvement with the class of labour employed in the industry will be difficult of achievement, but if any progress is to be made it is the standards of the operatives which must be improved.

During the year a campaign against cockroaches was initiated with an assurance of complete success by advising food premises' proprietors to use lacquer paint containing "dieldrin" which causes an almost microscopical continuous bloom on the surface of the paint which, on contact with the insect, causes death. Surfaces treated remain lethal to cockroaches for periods up to two years. This treatment is used successfully on ships which were once notorious harbourers of cockroaches.

DAIRIES AND MILK SUPPLIES.

All inspections of dairy farms outside the Municipal Area are carried out by and registration is effected with the Government Agricultural Department. The quality of milk delivered in the Municipal Area is the responsibility of the City Health Department.

Practically the whole of the milk delivered in Salisbury and its environs is pasteurised and supplied by the Milk Marketing Board.

/The Milk

The Milk Marketing Board have plans in hand for the erection of new modern premises.

The milk supplied to the public is of a high standard and the position during the year has been most satisfactory.

RODENT CONTROL.

No measures have been carried out regarding rodent control as plague is not endemic in Southern Rhodesia.

FLY CONTROL.

As in previous years close attention has been paid to the control and destruction of flies.

Complaints from the public regarding the presence of adult flies are treated with the utmost dispatch, and where such complaints are justified no efforts are spared to locate the source.

Offenders are warned in writing and if a flagrant case exists a prosecution is instigated.

The organo-phosphorous insecticides have been found to be most effective, but unfortunately greater care in their use and application is necessary because of their toxicity than when using the chlorinated hydro-carbon insecticides.

As far as is known there are no indications that flies are developing any resistance or immunity to the organo-phosphorous compounds.

MOSQUITO CONTROL.

The inhabited Municipal Area has expanded to such dimensions that it is virtually impossible with the present staff to organise systematic inspections for mosquito breeding on private properties; consequently of necessity this aspect is handled on a complaint basis and dealt with in the same manner as fly breeding.

Cases of malaria contracted in Salisbury Municipal Area are in effect now unknown, accordingly mosquitoes are treated on the grounds of nuisance potential.

Areas of the commonage are oiled at regular intervals during the mosquito breeding season. Some thought has been given to this procedure and it is felt that economically it is perhaps unsound, and it is proposed during the coming year to experiment with the effect of not carrying out wholesale spraying unless a complaint or complaints are received which is found to emanate from a particular source on township lands.

/BILHARZIA

BILHARZIA CONTROL.

The customary measures against fresh water snails, the vectors of bilharzia, have continued and all habitats of the snail have been treated with copper sulphate.

WATER SUPPLIES.

Regular weekly samples of the Municipal water supply have been taken throughout the year and the usual high standard of purity has been maintained.

SEWERAGE AND DRAINAGE.

The policy of enforcing owners of properties to connect to the sewer in newly reticulated areas has been actively pursued.

BUILDING AND DRAINAGE PLANS.

All building and drainage plans submitted to Council are circulated to the Department for examination.

With the many multi-storey buildings being erected, the Department has paid particularly close attention to the question of refuse storage facilities and has received very close co-operation from the Architects in this matter.

PUBLIC CONVENIENCES.

There is one European public convenience situated in the Central Area. This is quite inadequate for present-day requirements and in the future steps must be taken to augment the position.

Native public conveniences are reasonably adequate and situated in most of the suburbs.

CLEANSING SERVICES.

In common with other sections, the demands on the cleansing services have increased. The European supervising staff position has for the first time for some years been satisfactory in regard to quantity and quality.

An order has been placed for 4 new refuse collectors of the compressor semi-mechanical loading type; the one that has been in use for the past 12 months has proved to be most satisfactory.

The costs of providing the cleansing services continue to rise mainly due to increased labour and maintenance costs.

/Inspections

Inspections carried out by District Health Inspectors.

Abattoirs, Hides and Skins	27	(32)
Aerates Water and Ice Factories	144	(161)
Bakeries, Sweet Factories	354	(446)
Barbers and Hairdressers	529	(538)
Butcheries	879	(988)
Brickfields, Quarries	350	(172)
Dairies, Milk Depots and Ice Cream Factories	532	(533)
Factories (Other)	1711	(2225)
Fish Mongers and Fish Friers	625	(534)
Food Delivery Vehicles and Hawkers	1097	(661)
Food Stalls and Street Food Vendors	1033	(1447)
Fruit and Vegetable Dealers	1426	(1690)
General Dealers	3458	(5107)
Hotels and Boarding Houses	601	(468)
Keeping of Animals	295	(320)
Laundries, Dry Cleaners and Depots	376	(326)
Markets and Market Gardens	461	(273)
Native Eating Houses	501	(678)
Tea Rooms and Restaurants	1201	(1136)
Sandwich, Cake and Sweet Shops	667	(590)
Dwellings and Native Quarters	9186	(11109)
Miscellaneous	4338	(4096)
Night and Early Morning Inspections	132	(175)
Infectious Diseases	106	(106)
Pest Control	798	(674)
Total number of Inspections	30827	(34485)

Building Plans:

Number inspected 1793

Buildings.

Absence of sanitary accommodation	401	(221)
Dampness	59	(127)
Demolition	81	(144)
Disinfestations	158	(300)
Lighting and Ventilation	265	(421)
Overcrowding	271	(359)
Painting and Cleaning	275	(352)
Repairs to drainage	479	(218)
Repairs (general)	429	(564)

/Nuisances.

Nuisances.

Closets and Urinals	2576	(1111)
Drainage	1548	(401)
Flies	340	(140)
Manure	52	(35)
Mosquitoes	400	(165)
Refuse	2406	(1289)
Septic Tank	31	(22)
Smoke	45	(27)
Waste Water	1797	(623)
Vacant stands overgrown	261	(241)
Unspecified	1229	(981)
Food Protection contraventions	204	(542)
Complaints dealt with	903	(649)
Interviews	726	(1857)
Notices served: Statutory	1033	(663)
Other	3269	(1160)

Matters Referred to Other Departments.

City Engineer.

Overgrown Commonage	1	(1)
Ungraded Service Lane	3	(1)
Choked Drains	1	(5)
Unauthorised shack	<u>1</u>	(4)
Total	<u>6</u>	(11)

City Electrical Engineer.

Overgrown Stand	<u>1</u>	(1)
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Native Administration Department.

Native families on premises	3	(10)
Dirty Beer Halls	<u>3</u>	(1)
Total	<u>6</u>	(11)

City Valuator and Estates Manager.

Overgrown Stands	3	(3)
Unauthorised Garage	1	(1)
Mosquito Breeding	1	
Choked Septic Tanks	4	
Fly Breeding	1	
Dirty water closets	1	
Blocked Refuse Chute	<u>1</u>	
Total	<u>12</u>	(4)

/Inspection

Inspections made re Licensing.

Aerated Water Factories	48
Auctioneers	2
Drugs and Poisons	3
Bakeries and Sweet Factories	79
Bakers Sale Shops	12
Bars (Liquor Licence)	9
Bottle Stores (Retail)	30
Bottle Stores (Wholesale)	11
Butcheries	165
Clubs (Liquor Licence)	18
Foodstalls and Street Food Vendors	202
Fishmongers and Friers	120
Fruit and Vegetable Dealers	579
General Dealers	883
Gunpowder and Firearms	2
Hairdressers	98
Hawkers	53
Hotels (Liquor Licence)	12
Private Hotels and Boarding Houses and Hotels	134
Ice Factories	2
Laundries and Dry Cleaners	121
Laundry Depots	30
Native Eating Houses	92
Tea Rooms and Restaurants	171
Pawn Brokers	-
Wholesalers	79
Keeping of Animals	10
Dairies and Milk Depots and Ice Cream Factories	12
Slaughter Houses and Abattoirs	1
Public Buildings	<u>17</u>
Total number of Inspections	<u>2995</u>

/Details

Details of Improvements Required.

Ablution Facilities, Baths	38
Ceilings	37
Change Rooms, Lockers	46
Counters, Tables, Shelves	76
Cross Ventilation	111
Drainage	19
Equipment, Instruments	52
Fans, Mechanical Ventilation	43
Food Protection	115
Floors	56
Lighting	67
Sanitary Accommodation	64
Storage Facilities	53
Utensils, Vehicles	65
Walls	77
Wash Hand Basins, Sinks	87
Water, Hot and Cold	81
Yards	15
Unspecified	46
Notices	45

Prosecutions.

Public Health Act.	Total No. of Prosecutions.	Court Order.	Cases Withdrawn.	Postponed sine die.
General insanitary conditions .	10	1	8	1
Insanitary Refuse recess.	1	1		
Use of garage as Native quarters.	1		1	
Overgrown stands	1	1		
Broken Manhole cover	1	1		
Waste Water	3		3	
Refuse deposited in service lane	2	1	1	
Overcrowding	2	1	1	

/Bye-Laws.

Bye-Laws.	Total	Warned	Paid ad- mission of Guilt	With- drawn	Cauti- on- ed and dis- charged	Guilty	Fines
Exposing Foodstuffs to contamination.	5	2	1			2	£9 - -
Deficiency in Milk Fat (Ice Cream)	1		1				£10 - -
Deficiency in Milk Fat (Fresh Milk)	1		1				£5 - -
Failure to provide Temporary Builders closets	1			1			
Bakery delivery boy without overalls	1		1				£4 - -
Street Food Vendors General. Insanitary conditions.	2						
Street Food Vendors trading without authority	8		3		2	3	£11 - -
Street Food Vendors trading in non- scheduled area	2		1			1	£5 - -
Unauthorised Laundry Depot	3		1			2	£3 - -
Refuse in Service Lane	3		3				£6 - -
Exposing Blown tins of Foodstuffs	1		1				£5 - -
Fly Breeding	2		1	1			£1 - -
Choked Drains	1					1	£2 10 -
Storage of meat in unrefrigerated premises	1		1				£10 - -

Foodstuffs Condemned as Unfit for Human Consumption.

Babyfood Assorted Tins	70
Biscuits lbs.	484
Chocolate lbs.	40
Chickens (Dressed)	116
Cheese lbs.	50
Cheese (Cartons)	2421
Cheese (Spread)	985
Chillies (Jars)	12
Cereals (Pkts.)	307
Ducks (Dressed)	31
Dates (Pkts.)	204

Egg Noodles Cartons	39
Fish (Cases)	145
Fish (Dried) lbs.	460
Fish (Tins)	1144
Fish (Fresh) lbs.	4738
Fruit (Trays)	183
Fruit (Dried) lbs.	26
Fruit (Tins)	237
Fruit Cake (Tins)	96
Fruit (Crates)	16
Frogs (Frozen)	36
Fishsticks (Cartons)	60
Food (Assorted) Tins	482
Jam (Tins)	304
Jelly (Pkts.)	47
Meatpaste (Jars)	142
Meat (Tins)	130
Mayonaise	285
Mutton (Carcases) lb.	56
Mangoes (Bags)	1
Macaroni (lbs.)	2800
Olives (Jars)	32
Pastry Mix (Cases)	5
Pickles (Mixed) Jars	114
Pickles (Cucumber) (4 Gal.tins)	2
Sweets (assorted) lbs.	5
Tomato Puree (Tins)	38
Tomatoes (Peeled)(Tins)	11
Tomatoes (Cases)	24
Tapioca (lbs)	90
Vegetables (Tins)(Assorted)	354
Vegetables (Bags)	49

Sampling of Foodstuffs.

<u>Nature of Sample.</u>	<u>Satisfactory.</u>	<u>Below Standard.</u>	<u>Total.</u>
<u>Pasteurised Milk.</u>			
Phosphatase	139	5	144
Methylene Blue	144		144
Chemical	49		49
<u>Fresh Milk.</u>			
Coliform	246	141	387
Methylene Blue	368	19	387
Chemical	12	1	13
<u>Ice Cream.</u>			
Plate Count	23	26	49
Chemical	15	3	18

<u>Nature of Sample.</u>	<u>Satisfactory.</u>	<u>Below Standard.</u>	<u>Total.</u>
<u>Cream.</u>			
Chemical	4		4
<u>Butter.</u>			
Chemical	5		5
<u>Mince Meat.</u>			
Preservative	67		67
<u>Sausages and Colonies.</u>			
Preservative	62	1	63
<u>Frozen Lollies.</u>			
Bacteria	-	-	-
<u>Mineral Waters.</u>	8		8
<u>Cordials and Syrups.</u>	4		4
<u>Cheese.</u>	12		12

Food Preparing Establishments.

<u>Swab Samples Taken.</u>	<u>Satisfactory.</u>	<u>Acid Only.</u>	<u>B.Coli Present.</u>	<u>Total.</u>
Cups	12	25	6	43
Forks	10	25	1	36
Glasses	-	-	1	1

Municipal Water Supply and Swimming Bath Water.

Number of samples taken 270.

African Townships.

Abattoirs, Skins and Hides	8
Barbers and Hairdressers	135
Butcheries	390
Dairies. Milk Depots	110
Food Delivery Vehicles and Hawkers	471
Foodstalls and Street Food Vendors	733
Fruit and Vegetable Dealers	799
General Dealers	392
Laundries, Dry Cleaners and Depots	9
Markets and Market Gardens	282
Native Earing Houses	138
Dwellings (Harari)	5352
Dwellings Mabvuku)	385
Miscellaneous	286
Infectious Diseases Investigations	115
Total Number of Inspections	9607

Nuisances.

Dampness	11
Disinfestation	2936
Overcrowding	99
Painting	19
Repairs to Drainage	23
Repairs General	55
Closets	198
Drainage	13
Waste Water	32
Vacant Stands	11
Food Protection Contraventions	194
Complaints	3
Notices served	3909
Interviews	114

Matters Referred to other Departments.

Smoke	3
Dirty premises	3567

